Beyond resistance
Short-term, and yet in-depth!
Allan Abbass MD, FRCPC
Dalhousie University, Canada
www.allanabbass.com
Email: allan.abbass@dal.ca
Courses and training in ISTDP

- Norway Annual Immersion information: [www.Instituttet.ISTDP.no](http://www.Instituttet.ISTDP.no)
- Swiss Immersions and training: [www.istdp.ch](http://www.istdp.ch)
- All course information [http://reachingthroughresistance.com/upcoming-events/](http://reachingthroughresistance.com/upcoming-events/)
- To buy new book Hidden from View [www.allanabbass.com](http://www.allanabbass.com)
- To buy Reaching through Resistance
• Overall plan for the day
  • Overview of ISTDP model
  • Evidence base
  • Psychodiagnosis
  • Cases from across spectra
• Ask questions as we go
Evidence for Intensive Short-term Dynamic Psychotherapy

• ~40 Randomized Controlled Trials

• Meta-analyses of 28 RCTs (Lilliengren et al, 2016):
  • Large persistent symptom effects $d > 1.0$ (symptoms), Medium $d=0.55$ for Interpersonal problems
  • Effects increase significantly in follow-up
  • Low drop out at 16%
  • Outperforms controls with moderate to large effects
  • Outperforms other Bona Fide Treatments in follow up

• ~15 studies support it as cost effective
Total Doctor and Hospital Costs/ patient: N=890, 57 Therapists, Mean 7.3 sessions. Abbass, Kisely, Rasic, Town and Johansson, 2015

<table>
<thead>
<tr>
<th></th>
<th>1 yr Pre</th>
<th>1 yr Post</th>
<th>2 yr Post</th>
<th>3 yr Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Population Costs</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Case</td>
<td>$14,000.00</td>
<td>$12,000.00</td>
<td>$10,000.00</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>Control</td>
<td>$2,000.00</td>
<td>$4,000.00</td>
<td>$6,000.00</td>
<td>$8,000.00</td>
</tr>
</tbody>
</table>

Dr Allan Abbass
Efficacious with refractory patient groups: 11 studies. Treatment Resistant Depression RCT: 16 sessions Town et al, 2017
BOND With Parents

Trauma

PAIN

FEAR

Rage, Guilt about the Rage

Self-destruct Symptoms
Somatization

Dr Allan Abbass
Transference (Therapist/Doctor)  

Current person

Past person

Dr Allan Abbass
Unconscious Defense

Unconscious Anxiety

Unconscious Impulses & Feelings

Dr Allan Abbass
Build your own Exposure model for “Phobia of Emotional Closeness and the experience of feelings”

• What is the exposure to?
• What are the avoidant responses that need to be interrupted?
• How to align with the patient to face what they have avoided since childhood: closeness and intimacy, self awareness, self care and the somatic experience of feelings?
• What happens when do such an exposure and response prevention?
Complex Transference Feelings (CTF)

- Feelings mobilized by trying to therapeutically attach to patient
- = appreciation plus irritation toward the therapist
- Linked to the past bond, trauma, pain, rage and guilt about rage.
Unconscious Therapeutic Alliance

• The unconscious healing force
• A function of limbic memory and other centers
• Mobilized by activating the complex transference feelings
• Brings mental images of past relational trauma and clear linkages to trauma
<table>
<thead>
<tr>
<th>R $\gg$ UTA</th>
<th>R $&gt;$ UTA</th>
<th>R $&lt;$ UTA</th>
<th>R $\ll$ UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whispers from the alliance: concise understanding of dynamics</td>
<td>Rage, grief: clear linkages</td>
<td>Rage and Guilt: image transfer</td>
<td></td>
</tr>
</tbody>
</table>

R = Resistance  
UTA+ Unconscious Therapeutic Alliance  

Dr Allan Abbass
Unconscious Anxiety

• Striated Muscle: Voluntary muscle tension
  • See with isolation of affect/ self reflection of affect

• Smooth Muscle: Body organs
  • See with repression

• Cognitive – perceptual Disruption
  • See with primitive defenses
Major Defenses: 4 Types

- Isolation of affect: see with voluntary muscle anxiety
- Repression: see with smooth muscle anxiety and conversion
- Primitive Defense: See with cognitive-perceptual disruption.
- Resistance of Guilt: Punitive Superego
Unconscious Anxiety

Unconscious Defense

Unconscious Impulses & Feelings

1. Encourage to be Present with all Feelings

Psychodiagnosis

2. Monitor Anxiety & Defense responses

Unconscious Anxiety

Unconscious Defense

Unconscious Impulses & Feelings

Dr Allan Abbass
4 Response Patterns from psychodiagnosis

Avoid feeling the feelings → Low Resistance

Become tense and avoid You! → Moderate and High Resistance

Become tired, weak, depressed or sick in body → High Resistance with Repression

Become confused, lose senses and become afraid → Fragile Character Structure

Dr Allan Abbass
压力

- 轻度
  - 肌肉紧张
  - 感觉复杂移情感受

- 中度
  - 抑郁
  - 平滑肌肉紧张或
    肌动

- 高度
  - 抑郁
  - 与压抑

认知-知觉

- 脆弱性格结构

GO FLAT: 没有肌肉紧张

- 腹式呼吸

- 能力低

- 完成治疗
  - 1或2次

询问

- 阻力上升

- 压力

- 阻力在移情中固化

- 理解，挑战，迎头相撞

- 肌肉紧张

- 突破性

- 悲痛

- 低阻力

- 完成治疗

- 重复解锁，通过

- 终止

- 高度

- 阻力与压抑

- 容量
  - 建设
  - 格式

- 挡板：没有肌肉紧张

- 肌肉紧张

- 知觉

- 原始防御

- 阻力

- 理解

- 挑战

- Allan Abbass
Spectrum of Psychoneurotic Disorders

- Low Resistant
- Moderate Resistant
- Highly Resistant
- Mild
- Moderate
- Severe/Borderline

Spectrum of Patients with Fragile Character Structure

- Striated Muscle + Isolation of affect
- Smooth Muscle/Conversion + Repression
- Cognitive-Perceptual Disruption + Primitive Defenses

Dr Allan Abbass
Moderate resistant patient

• Have murderous rage and guilt and grief
• Anxiety is striated muscle
• Main defense is intellectualization /isolation of affect
Unlocking of the Unconscious
Moderate Resistance

• Pressure and limited challenge: Complex Transference Feelings are experienced: anxiety and defence are removed or reduced
• Unconscious Therapeutic Alliance becomes higher than resistance
• Images of the unconscious emerge
• Exploration with experience of feelings
• Recap and treatment planning
• Short course up to 10 meetings
Unconscious therapeutic alliance

Complex Transference feelings

Unconscious therapeutic alliance

“Unlocked”

Mid rise:
Resistance crystallizing in transference.
Clarify and Challenge

Low rise:
inquiry and pressure

Dr Allan Abbass
Pressure: Encourage good actions

• All efforts encouraging the patient to do something healthy
• Cementing the Bond
• Reaching to the person stuck under the resistances
• Pressure should target front of the system
Unconscious therapeutic alliance
Complex Transference feelings

Mid rise: Resistance crystallizing in transference. Clarify and Challenge, Maintain pressure

"Unlocked"

Maintain pressure
Clarification: Question unhealthy behaviors

Examples:
• Pointing out
• Questioning
• Exploring impact of defense

Keep up pressure
Challenge: help patient to stop destructive actions

• Interrupting and Blocking Defenses
  • If you don’t detach, if you don’t shut down

*Challenge is always done in concert with the patient and the growing UTA
Challenge is always done while maintaining Pressure*
Partial Unlocking

HELP EXPERIENCE THE FEELINGS

“Unlocked”: Emotion and Memory Function Greater than inhibitory functions

Resistance

Complex Transference feelings

Unconscious therapeutic alliance

Dr Allan Abbass
Striated Muscle Anxiety Goes Down Body

Neurobiological Pathway of Rage: goes up same system displacing anxiety
Breakthrough

- Partial Unlocking: somatic pathway of love, rage, guilt and grief are experienced to small degree: UTA → vivid link to past person.
- Major Unlocking: UTA → Image of current person or therapist changes to past person with passage of guilt.
- Extended unlocking: Rage starts with the therapist then via UTA → becomes the past person with major passage of guilt

Dr Allan Abbass
Unlocking vs Symptom changes with Trial Therapy N=500
Abbass, Town, Ogrodniczuk, Joffres, 2017

Pre
Post

ES= 0.91

ES= 0.28

BSI Unlocking

BSI No Unlocking
Unlocking vs Interpersonal problem changes with Trial Therapy N=500. Abbass, Town, Ogrodniczuk, Joffres, 2017

Dr Allan Abbass
Trial Therapy Cost Effects n=344
Abbass, Kisely and Town, 2018 Psychotherapy and Psychosomatics

Total Hospital and Doctor Costs

- Normal population

Dr Allan Abbass
Dr Allan Abbass
Resistant Patient with Repression

• Go Flat instead of defending or feeling feelings
• Anxiety to smooth muscle OR cognitive perceptual disruption OR Motor Conversion OR Depression/fatigue
• Tend to alternate between these
• Lack ability to reflect on feelings
Somatic pathways of feeling: rage, guilt, grief

- Love: rising warmth, urge to smile and embrace
- Rage: rising heat/energy up chest to head then down arms: tension, anxiety and symptoms drop or stop
- Guilt about rage: Hard solid waves, pain in upper chest. Feel as if, for example, have just murdered loved one.
- Grief: tears, painful feeling in chest. Waves not as hard and distinct as guilt. Not as loud or painful.
Fragile Character Structure Patients

• Early neglect, abuse, invalidation
• Absence of parental figure with anxiety tolerance: usually fragile parents project on child
• Cognitive-perceptual disruption at some level of rise in anxiety
• Projection, splitting, projective identification
• Need capacity building
  • Anxiety to striated/voluntary muscle
  • Defense to self reflection on feelings/isolation of affect
WEAK BOND → Trauma → PAIN → Rage, Guilt about the Rage → Self-destruct Symptoms

Dr Allan Abbass
Rapidly Rotating Fronts

Cognitive Perceptual Disruption

Self attack or seek punishment

Projection: Afraid

Repression: Flat, weak, depressed
Treatment Phases in Fragile Character Structure

• Capacity Building
• Repeated Unlocking
• Working Through
• Termination
Capacity building Phase

• Psychic integration
• Graded format
• Anxiety tolerance
• Voluntary muscle anxiety and reflective capacity
• Start to mobilize the UTA
• Maybe few sessions to 25 sessions or more depending on level of fragility
Isolation of affect

Striated muscle

Mild
Fragile

Moderate
Fragile

Severe fragile, borderline

Threshold to CPD or primitive defenses

Conscious feelings

Unconscious anxiety and defense

1. Pressure
2. Rise in CTF
3. Recap

Dr. Allan Abbass
1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

Dr Allan Abbass
UTA RISES WITH CTF

Conscious Feelings

Unconscious Anxiety

Threshold

CTF

UTA

Dr Allan Abbass
How to recap and/or reduce anxiety

• Link Phenomena
• Link triangles past-current-therapist
• Link feelings-anxiety-defenses
• Focus on body cues
• Move to different situation T or C
Portraying

- Portraying rage can build capacity to isolate affect
- Needs be done with some contact with impulse (mid rise at least)
- Use 3rd or 4th parties to make it easier to talk about violence
- Focus on guilt about the rage to build capacity
Use when below thresholds

Evoke feelings
Activate somatic pathway of rage
Develop images

Fire limbic areas including amygdala

Use to optimize rise without being over threshold

Combine both self-reflection and pressure

Train brain to fire both functional regions together

Use when above thresholds

Self-reflect
Link phenomena
Observe the body
Observe thoughts

Fire brain self-reflective centers

Abbass, Reaching Through Resistance, 2015
Mild fragile

Moderate fragile

Severe fragile, borderline

Unconscious feelings and defense

Conscious feelings

Isolation of affect

Striated muscle pressure

压力

BRACING and ANXIETY REDUCING TECHNIQUES

CPD primitive defenses or repression
Therapist activity with FCS

• Non judgmental stance
• Focus
• Press or brace
• Clarify phenomena
• Recap
• Reduce anxiety
• Engage partner to monitor and examine
• Stay out of shoes: deal with projections
• Monitor front, rise, anxiety pathways
Results of Capacity Building Phase

• Anxiety in striated muscle
• Ability to self reflect
• Ability to reduce own anxiety
• Understanding of the trauma
• Reduction of paranoia/projection and grief about it
• Emerging empathy for family

Start to have Repeated Unlocking
Rapidly Rotating Fronts

Cognitive
Perceptual
Disruption

Self attack or seek punishment

Projection: Afraid

Repression: Flat, weak, depressed

Dr Allan Abbass
Isolation of affect

Conscious feelings

Unconscious anxiety and defense

1. Pressure
2. Rise in CTF
3. Recap

Threshold

Therapeutic window

Isolation of affect

Striated muscle

Severe fragile, borderline

Moderate fragile

Mild fragile

Dr Allan Abbass
Threshold

Unconscious anxiety and defense

Conscious feelings

R >> UTA
Whispers from the alliance: concise understanding of dynamics

R > UTA
Negation, slips of the tongue

R < UTA
Rage, grief: clear linkages

R << UTA
Rage and Guilt: image transfer

Dr Allan Abbass
Parallels between CBT and ISTDP

1. Pressure = identify assumptions and beliefs
2. Clarification: to explore cognition, Cost benefit analysis, Reality Testing
3. Switching thoughts = ~ challenge
4. Behavioral analysis = recapitulation of links
5. Identifying cycles and reviewing them
6. Exposure = can mobilize the unconscious and lead to breakthroughs
7. Graded exposure = Graded Format
8. Response prevention = ~ Challenge
Differences vs Traditional CBT

• Conscious vs unconscious anxiety
  • Effects will not tend to generalize in complex cases using traditional CBT exposure
  • Thus high resistant and fragile cases don’t respond well to exposure or any other guided therapies alone

• Work in the therapy relationship here and now: ISTDP
• Homework and suggestions: CBT, not in ISTDP
• Handling resistance
• Dealing with mobilized rage and guilt in the process
Modified ISTDP for Psychotic Disorders

• Most patients with psychosis are fragile at baseline: it is treated as per fragility
• Medications can help them tolerate therapy
• Focus on capacity building
• A supportive format: little to no challenge
• Recapping > Bracing > Pressing
• Psychodiagnosis each session
• Keep anxiety at tolerable level
Self Escalation in severe fragile and psychosis

Guilt about rage is repressed

Rage about the attack or punishment

Projection of rage or punishment

Fear attack or punishment

Dr Allan Abbass
Repeated Unlocking Phase

- In longer cases, phase is a year or more long
- Repeated partial then major unlocking of the unconscious
- Draining the pathogenic reservoir of rage and guilt
- Mobilizing positive feelings which mobilizes more rage and guilt
- In longer term case maybe 2-300 unlockings
Unlockings in previously fragile cases

• Break through the defense of repression, not through character defenses
• Cleaner process in some ways
• Repeated extended unlockings: long passage of rage and guilt/grief
• Rage at times has torturous impulse with huge guilt
• Emergence of empathy for victim and love
Striated Muscle Anxiety
Isolation of Affect

CPD
Self-attack

Splitting
Smooth Muscle

Repression
Self-attack

CPD

Projection
Projective Identification

Striated Muscle Anxiety
Isolation of Affect

Dr Allan Abbass
Modified ISTDP for Psychotic Disorders

• Most patients with psychosis are fragile at baseline: it is treated as per fragility
• Medications can help them tolerate therapy
• Focus on capacity building
• A supportive format: little to no challenge
• Recapping > Bracing > Pressing
• Psychodiagnosis each session
• Keep anxiety at tolerable level
3 later phases with Fragile Patient

- Man with chronic depression, paranoia, dysfunction. On Welfare for many years
- Moderate to severe fragility: prominent projection
- History alcoholism
- Had psychotic episode on dexedrine for ADHD that persisted
- Paranoid family, sister borderline disorder
- First year no video as felt he was too paranoid even to ask
Results of Capacity Building Phase

- Anxiety in striated muscle
- Ability to self reflect
- Ability to reduce own anxiety
- Understanding of the trauma
- Reduction of paranoia/projection and grief about it
- Emerging empathy for family
Projective Identification and Symptom Formation: Sympathy symptoms

- Patient experiences what the rage wanted to do to others
  - Choking: rage to strangle
  - Eye pain: rage to damage eyes
  - Head pain: rage to damage head
  - Strange sensations: rage to cause same sensations: e.g. electricity through body

- Symptom is removed by experience of the guilt about the rage
- Very common phenomenon in fragile patients
UTA in Repeated Unlocking

- Spontaneous unlockings in week
- Imagery pops in head
- Dead bodies
- Sensations in body
- Dreams that are breakthroughs
- Vivid content allow strong guilt to be felt
- Sense of Presence: UTA
Trends in unlockings

• Get less to more intense
• Go from later in development to earlier to infancy
• Go from primitive to more torturous rage
• Early rage is more jaw (baby)
• With each breakthrough of rage and guilt there is more capacity for compassion and love.

Dr Allan Abbass
Results of repeated unlocking phase

- Next to no signs of fragility
- Emotions are separated: de-fused
- Compassion for self
- Empathy and love for others: survivor guilt
- Grief about psychopathology
- Functional gains
- Growing mastery of psychodynamics
- Altruism: wish to give to others
Working Through Phase

• Mobilization of grief and self compassion as guilt is removed
• De fusion of punitive superego from self
• Drives for attachment
• Healthy activity in life
• Return to function
• Pockets of rage and guilt still emerge
• Grief is dominant
• Empathy/love for family members
Course of Time Limited ISTDP

Start

Capacity Building

Partial Unlocking

Termination

20 sessions

End

Dr Allan Abbass
Termination Phase

• In longer term cases phase is several months long
• Looking ahead in life
• Functioning or on the way
• Looking to intimate relationships
• Empathy and guilt about leaving family behind
• Grief about loss of therapist
• Grief about past losses
• Maybe few pockets of rage and guilt but mostly grief
• Goodbye
Principles of ISTDP for Dissociative Disorder

• Build anxiety tolerance in main adult states
• Graded format, bracing, lot of recapping/ linking to bolster adult state
• Then build bridges across states: especially adult core to younger parts
• Patient will tend to drift and project with that effort
• Help them further build capacity
• First breakthroughs → better ability to hold awareness of links between parts and feel the feelings about past trauma
<table>
<thead>
<tr>
<th></th>
<th>Resistant</th>
<th>Repression or Fragile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Rise</strong></td>
<td>Little anxiety or defense: some tension and isolation of affect</td>
<td>Tension and isolation of affect</td>
</tr>
<tr>
<td><strong>Mid Rise</strong></td>
<td>Defenses going into the T, Tense, UTA Whisper</td>
<td>Start to oppose repression or fragility, anxiety varies, UTA: Whisper</td>
</tr>
<tr>
<td><strong>High Rise</strong></td>
<td>Defenses in the T, Tense, UTA: negation</td>
<td>Dislike the repression or fragility, anxiety varies, one part of mind fighting the other: UTA Negation</td>
</tr>
<tr>
<td><strong>Partial Unlocking</strong></td>
<td>Feel grief rage and some guilt. Link or image of past</td>
<td>Feel grief rage and some guilt. Link or image of past</td>
</tr>
<tr>
<td><strong>Major Unlocking</strong></td>
<td>Feel rage, guilt and grief. Image transfers with passage of guilt</td>
<td>Feel rage, guilt and grief. Image transfers with passage of guilt</td>
</tr>
</tbody>
</table>

*Dr Allan Abbass*
Threshold

Unconscious anxiety and defense

Conscious feelings

R >> UTA
Whispers from the alliance: concise understanding of dynamics

R > UTA
Negation, slips of the tongue

R < UTA
Rage, grief: clear linkages

R << UTA
Rage and Guilt: image transfer

Dr Allan Abbass