

Detecting and Managing Primitive Defenses using ISTDP 22nd Halifax ISTDP Immersion



**DALHOUSIE
UNIVERSITY**

Inspiring Minds



Save the date!

7 - 9 OCTOBER 2026
DUBROVNIK, CROATIA

The Person of the Therapist



Photographer: Ola Gamst Sæther

Featuring Keynote speaker:
Dr. Helene Amundsen Nissen-Lie
Professor of clinical psychology at the
University of Oslo, a practicing
psychologist, and award winning
researcher of psychotherapy process
and outcome.



12th Biennial International Conference

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Dubrovnik
7-9 October
2026

Welcome!

- The course will run from 9 o'clock until 5 o'clock each day Atlantic time
- Lunch breaks, and other breaks
- Please stay in the zoom room
- Any questions can be typed in the chat while we watch video.
- In between video, you can turn on your mic to ask questions as well
- Dinner outing locally in Halifax at McKelvey's Restaurant tonight 6:00

Central Points

1. Primitive defenses are seen in patients with fragile character structure and can also be seen in resistant patients at times.
2. Cognitive perceptual disruption format of unconscious anxiety is seen with primitive defenses.
3. The unconscious in patients with primitive defenses is loaded with intense painful feelings, primitive rage and intense guilt about rage.
4. The early therapeutic processes include building reflective capacity in the context of a safe therapeutic relationship. This overcomes primitive defenses.

Fragile Character Structure Patients

- Early neglect, abuse, invalidation
- Absence of parental figure with anxiety tolerance
- Cognitive-perceptual disruption at some level of rise in anxiety
- Projection, splitting, projective identification
- Need capacity building
 - Anxiety move to striated/voluntary muscle
 - Defense move to self reflection on feelings/isolation of affect

In fragile character structure, the attachments are not secure

- Parents use primitive defenses
 - Projection on infant
 - Hostility from parents
 - Lack of calming from parents
 - Splitting: Pitting one child against others
 - Parents are not place of security and safety
-
- *The therapeutic relationship is often the first secure relationship*

Developmental Processes

- Parental fragmented parts →
- Internalized in early life →
- Reinforced by parents and others →
- Can't integrate them due to high anxiety →
- See others in the world in those fragmented terms
- Until others or the therapist helps integrate

Primitive defences

- Projection: one's own feelings/impulses are seen as being outside the self
 - E.g. rage seems to be in other person
- Projective identification: aspects of self are seen as being in others and the other is encouraged to react that way.
 - E.g. hostile abuser, ideal rescuer, cold neglecter, passive victim
 - I refer to these split parts as modes
- Dissociation: extreme anxiety state with mental disconnection from self and others. A component of cognitive perceptual disruption
 - Mild drifting, disconnection from reality, disconnection from oneself as a person, major confusion, loss of consciousness
- Splitting: dichotomizing things into all good all bad. No gray zones.

You can consider projection projective identification also as types of “splitting”, since there are no complex feelings in any of these situations

Other “Primitive Defences”

- Acting out
 - Regressive defenses
 - Denial
-
- All these can be seen with fragility or with resistant patients
 - We are focusing on the primitive defences as seen with fragility in specific

What particular areas of assessment and treatment of primitive defenses do you want us to be sure to cover in this course?



Nonsecure
BOND
With
Parents

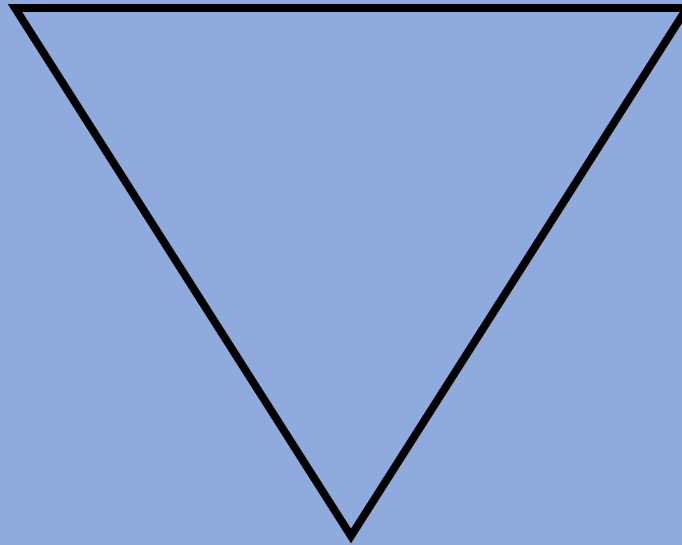
Trauma

PAIN
FEAR

Primitive
Rage, Guilt
about the Rage

Fragmentation
Self-destruct
Symptoms

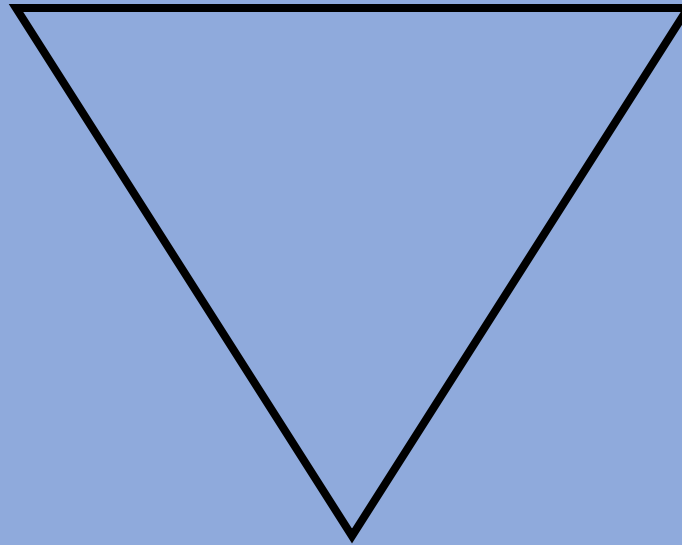
Transference
(Therapist)



Current
person

Past
person

Unconscious
Defense



Unconscious
Anxiety

Unconscious
Impulses & Feelings

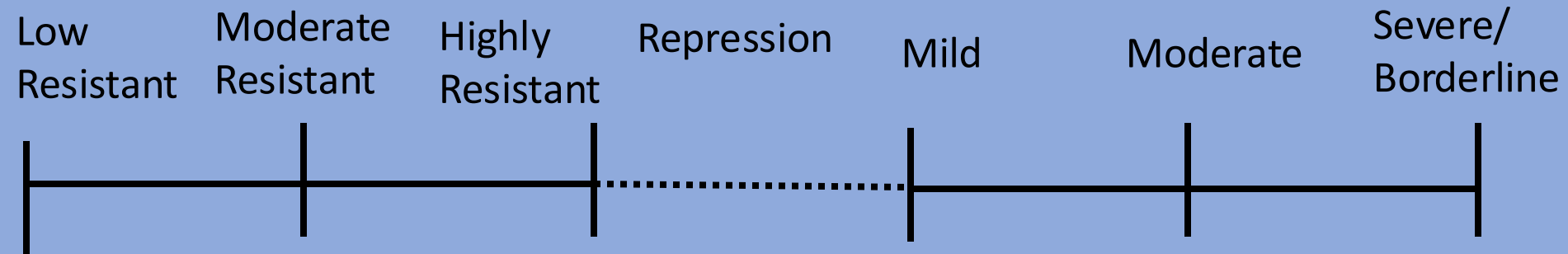
Major Resistance: 4 Types and Anxiety Channels

- Isolation of affect: see with voluntary (striated) muscle anxiety
- Repression: see with smooth muscle anxiety and motor conversion
- Primitive Defense: See with cognitive-perceptual disruption
- Resistance of Guilt: Punitive Superego: need to defeat and sabotage

2 Spectra

Spectrum of Psychoneurotic Disorders

Spectrum of Patients with Fragile Character Structure



Striated Muscle + Isolation of Affect

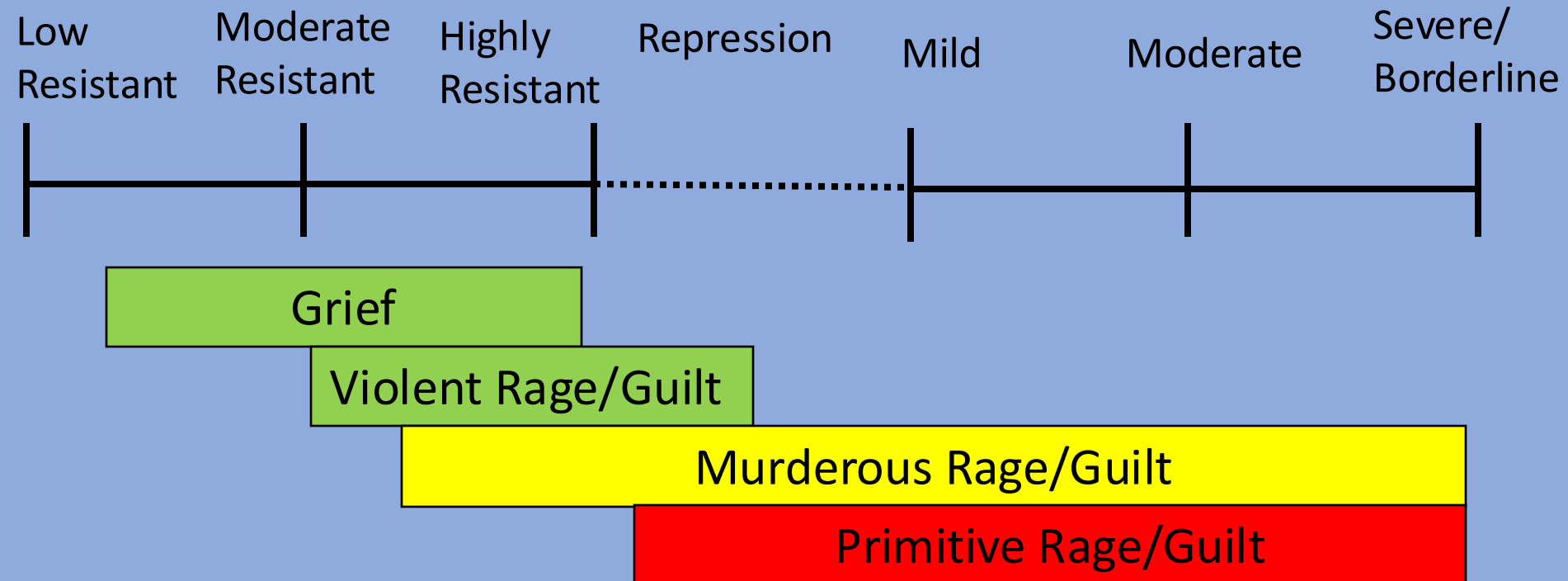
Smooth Muscle/Conversion + Repression

Cognitive-Perceptual Disruption +
Projective defenses

2 Spectra

Spectrum of
Psychoneurotic Disorders

Spectrum of Patients with
Fragile Character Structure



Complex Transference Feelings (CTF)

- Feelings mobilized by trying to therapeutically attach to patient while opposing defenses
- = appreciation plus irritation toward the therapist
- Linked to the past bond, trauma, pain, rage and guilt about rage
- *Complex feelings are intolerable to the fragile patient: will split, project and fragment*

Unconscious Therapeutic Alliance

- Unconscious healing force
- Mobilized by activating the complex transference feelings
- Brings insights, mental images of past relational trauma and clear linkages to trauma
- *In fragile patients, the severe anxiety and primitive defenses prevent the UTA from working*

Mid rise
in CTF

High rise
in CTF

Partial
unlocking

Major
unlocking

R >> UTA

Whispers from
the alliance:
concise
Insights to
dynamics

R > UTA

Negation,
slips of the
tongue

R < UTA

Rage, grief:
clear linkages

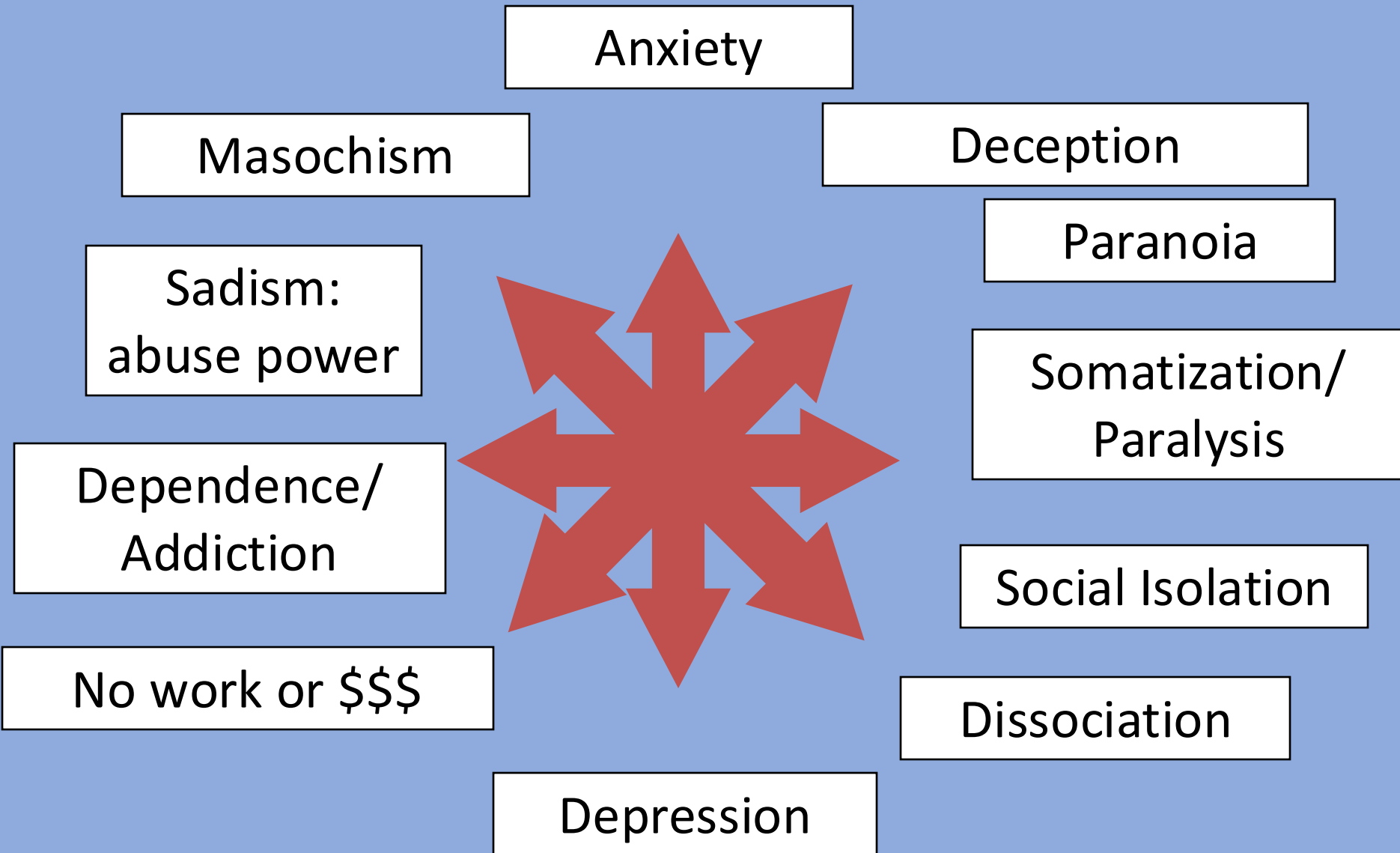
R << UTA

Rage and Guilt:
image transfer

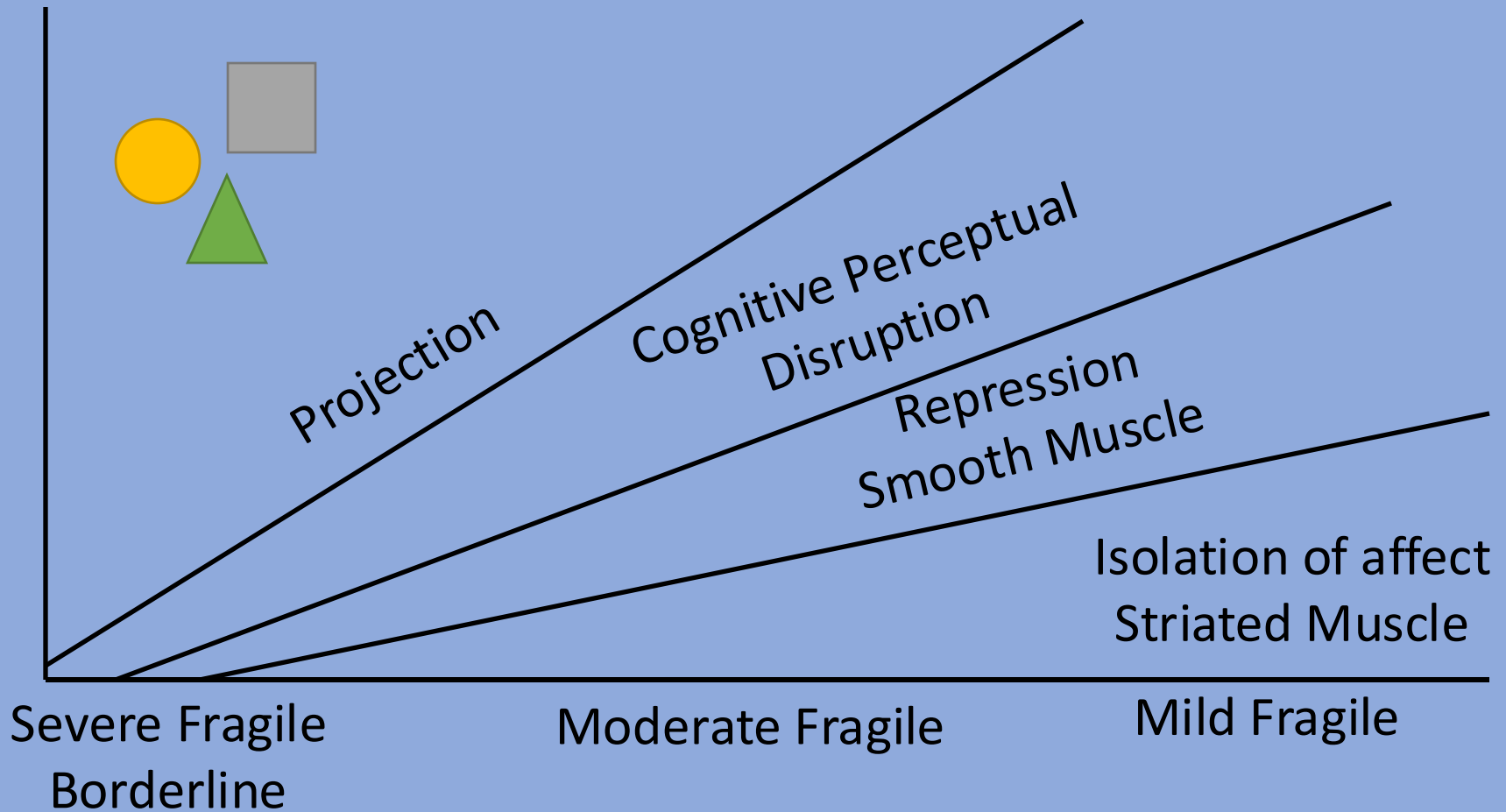
R= Resistance

UTA+ Unconscious Therapeutic Alliance

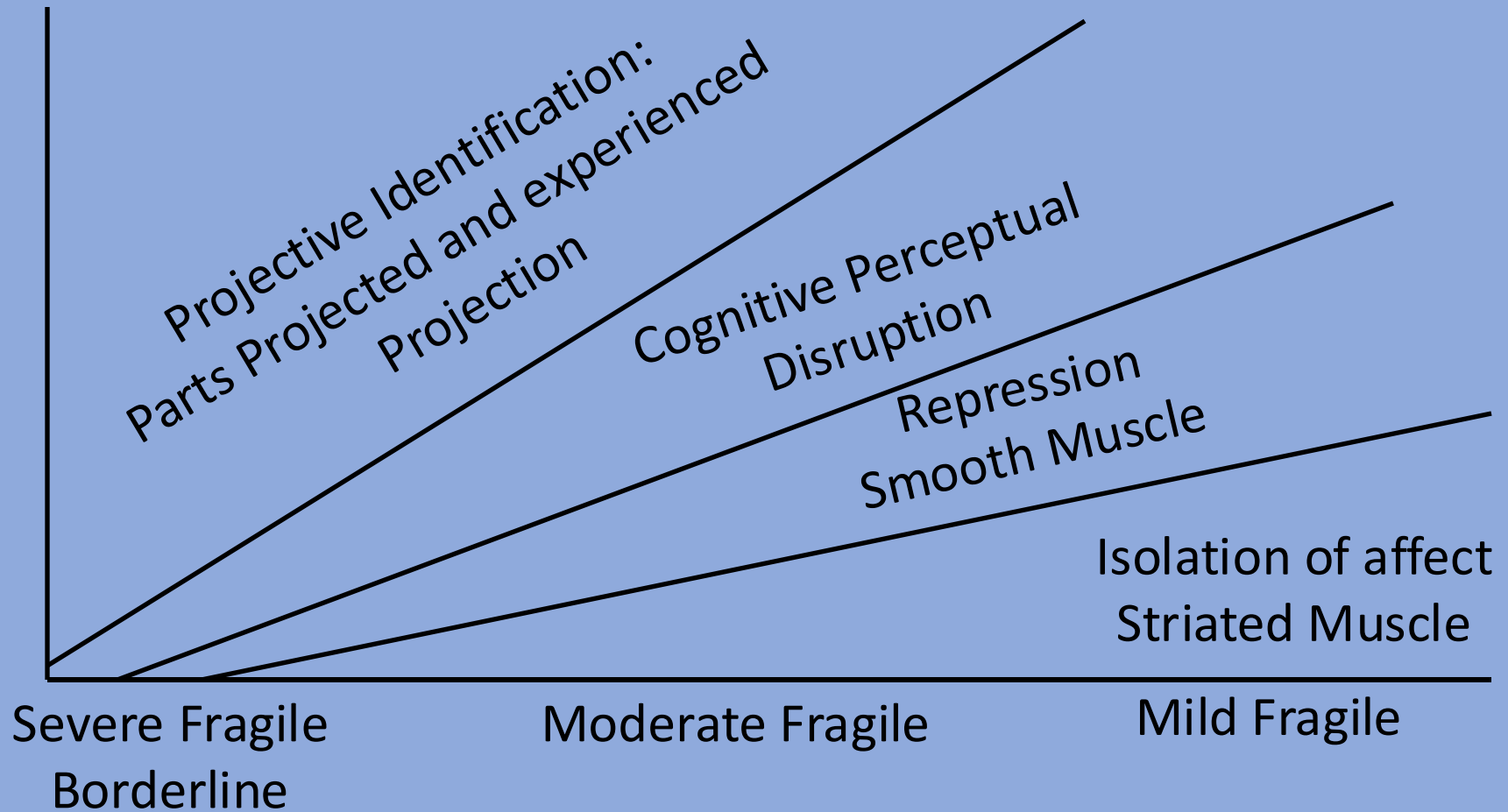
Economy of Suffering: Fragile Patients

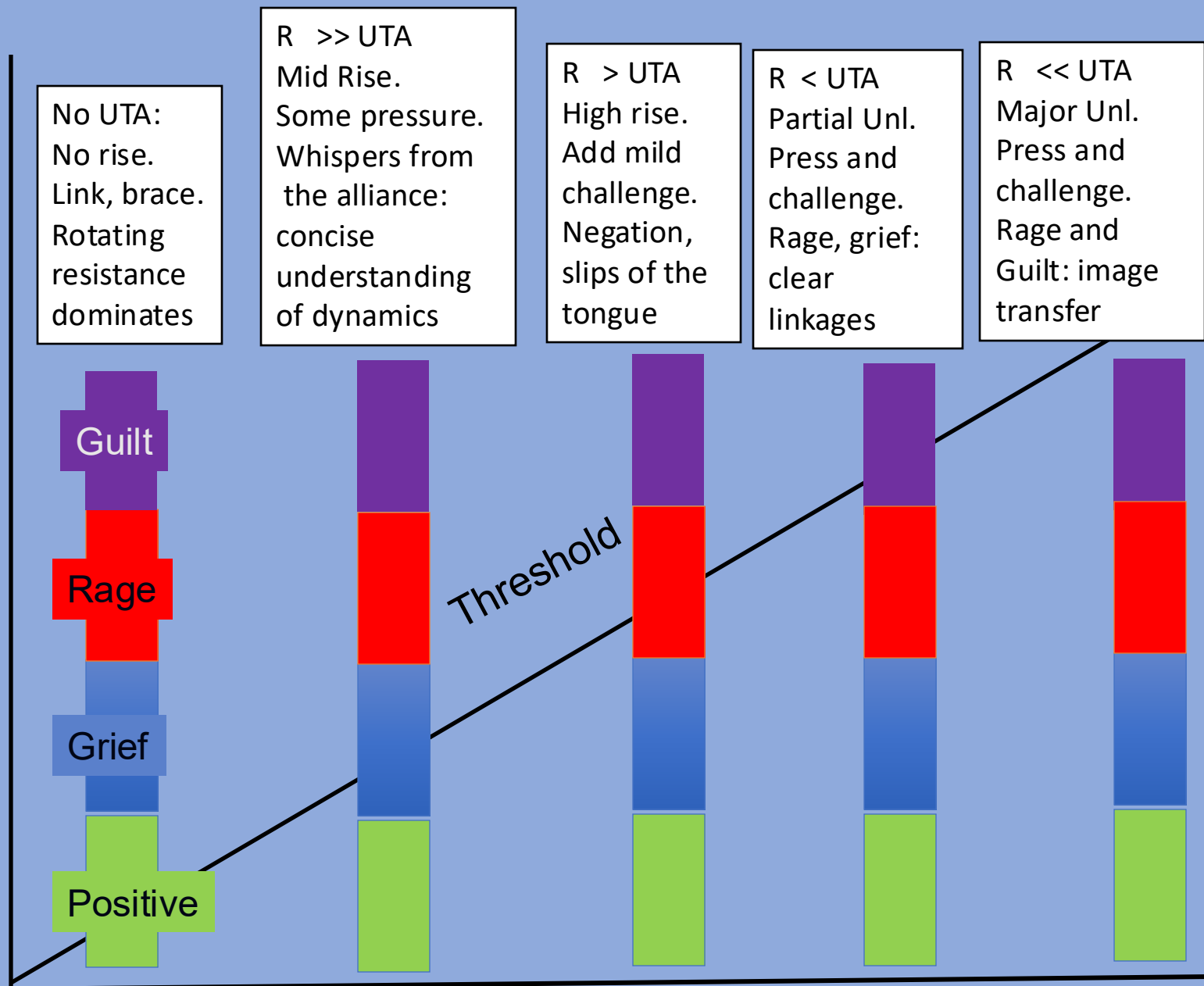


Fragile Spectrum

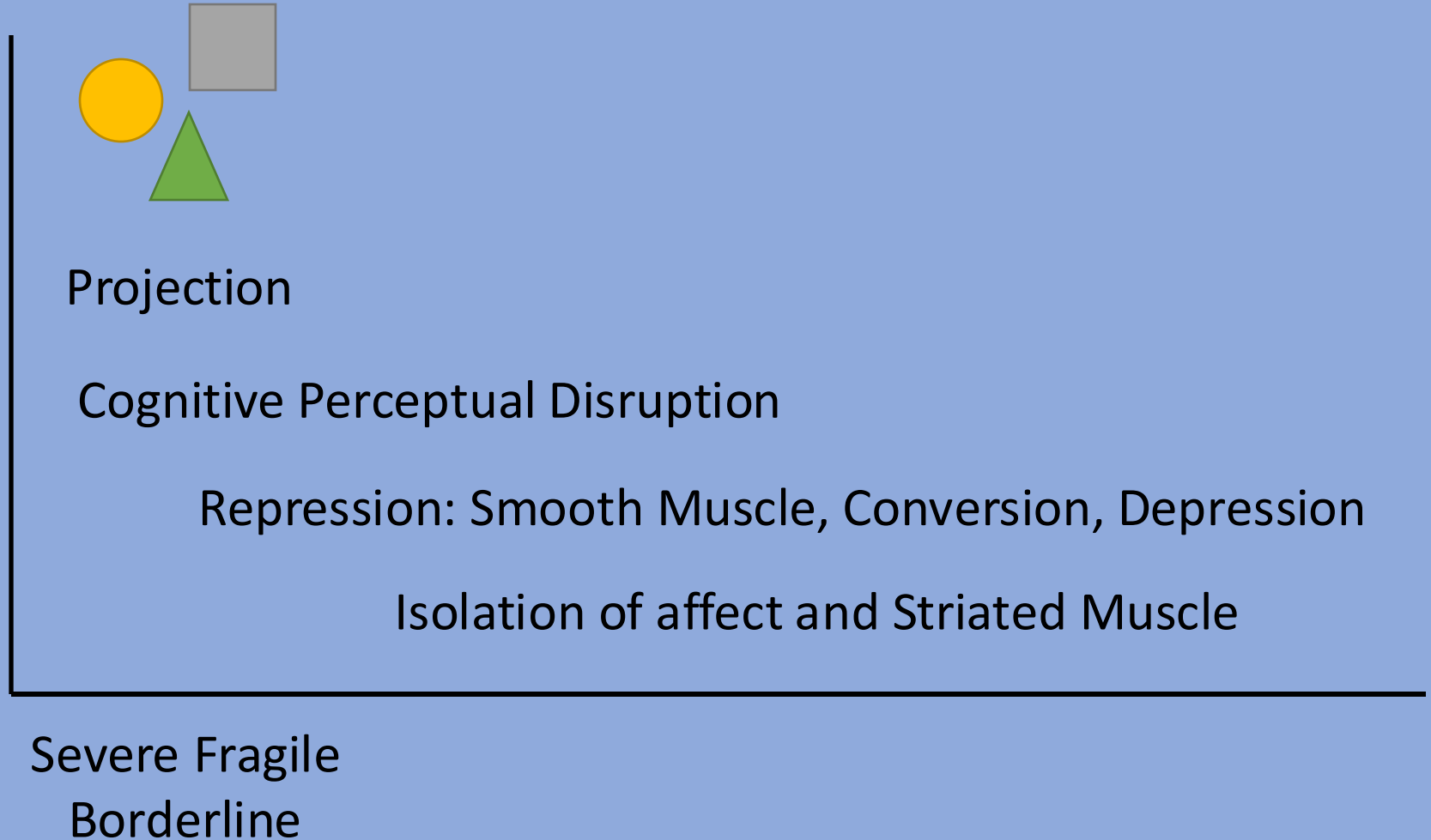


Fragile Spectrum





Fragile Spectrum



MAXIMUM
UTA →

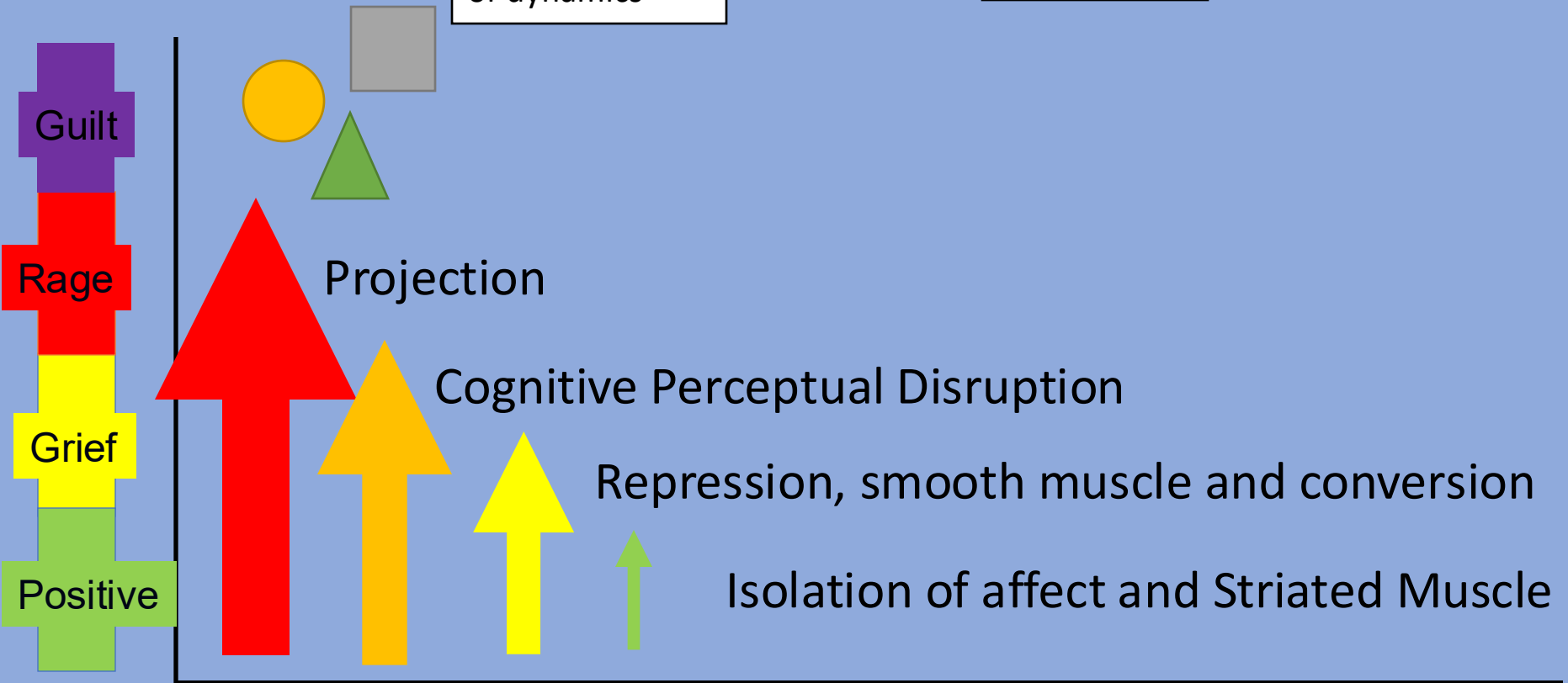
No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
the alliance:
concise
understanding
of dynamics

$R > UTA$
High rise.
Add mild
challenge.
Negation,
slips of the
tongue

$R < UTA$
Partial Unl.
Press and
challenge.
Rage, grief:
clear
linkages

$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer

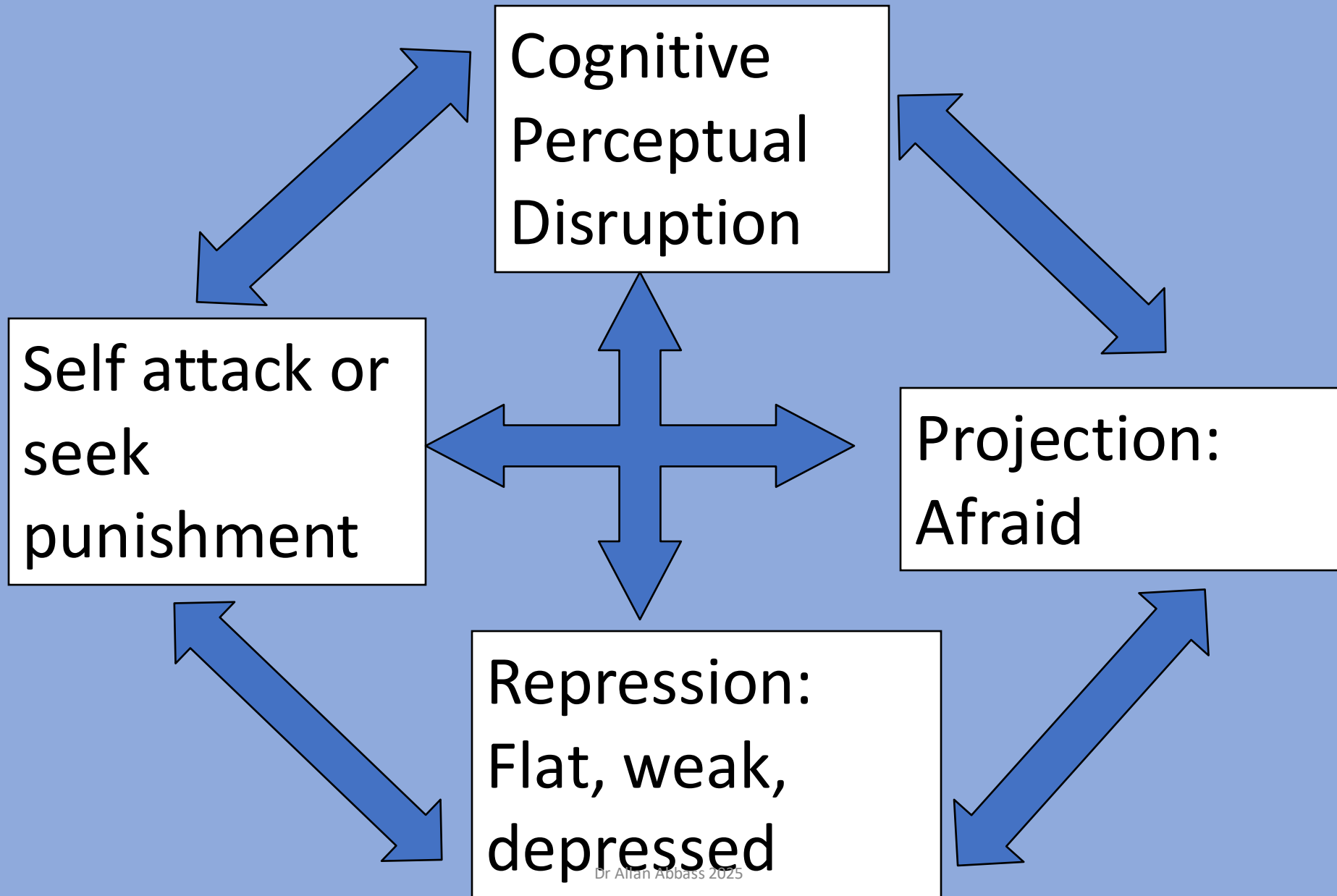


Improved Filter by the time reached moderate fragility

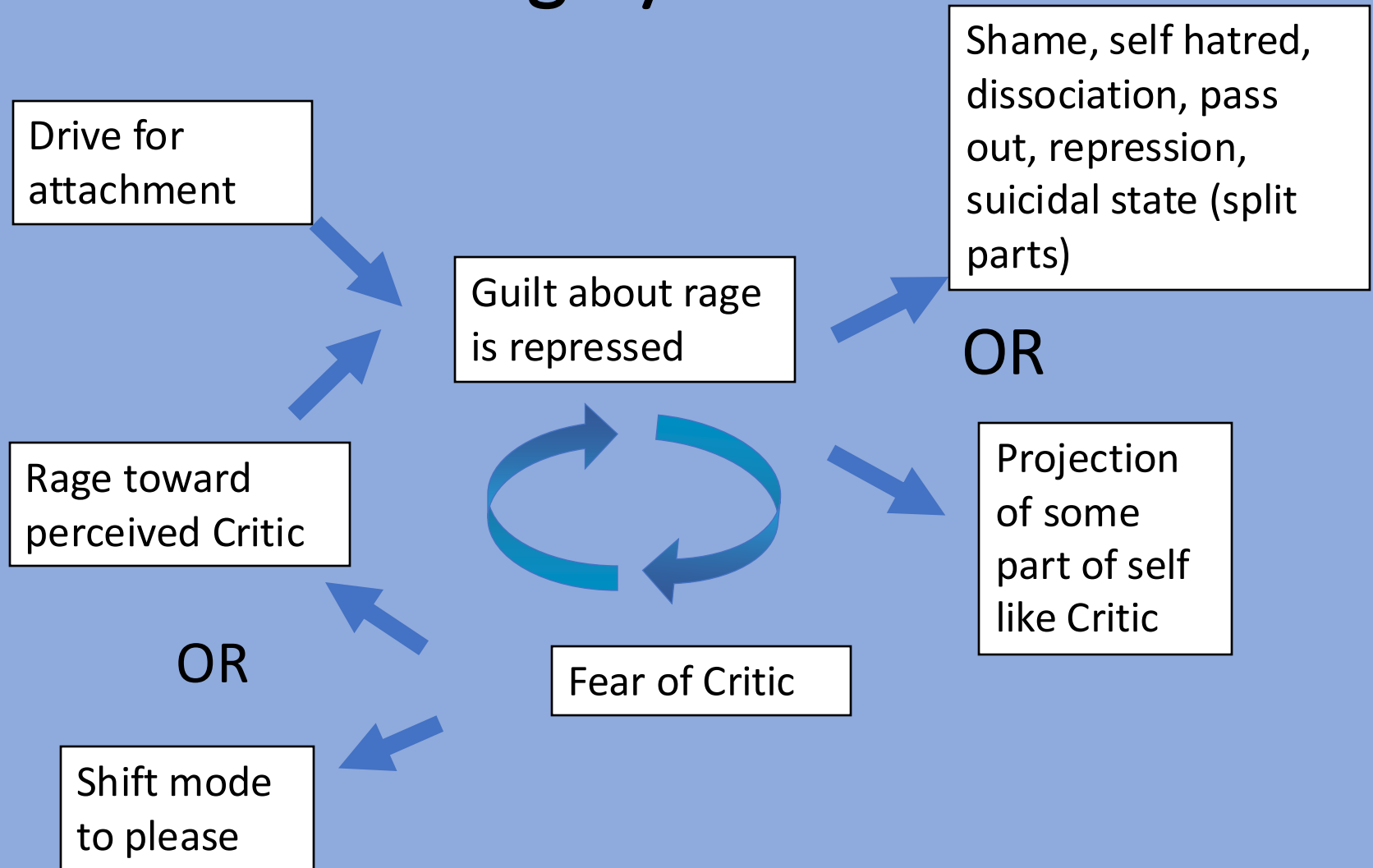
Rapid rotation of the front

- Often within seconds the defenses shift from
 - Projection
 - Repression
 - Self Attack
 - CPD
- This is a hallmark of fragile character structure patients

Rapidly Rotating Fronts



Self-escalating Cycles



Treatment in FCS

- Treatment initiation/psychodiagnosis
- Capacity Building Phases
- Repeated Unlocking
- Working Through
- Termination

Treatment Initiation

1. Handle barriers to engagement
2. History taking: develop conscious therapeutic alliance
3. Psychodiagnosis

STEP 3: Psychodiagnosis

1. Observe anxiety and defense patterns while taking history

3. Monitor Anxiety & Defense responses

Unconscious
Defense

Unconscious
Anxiety

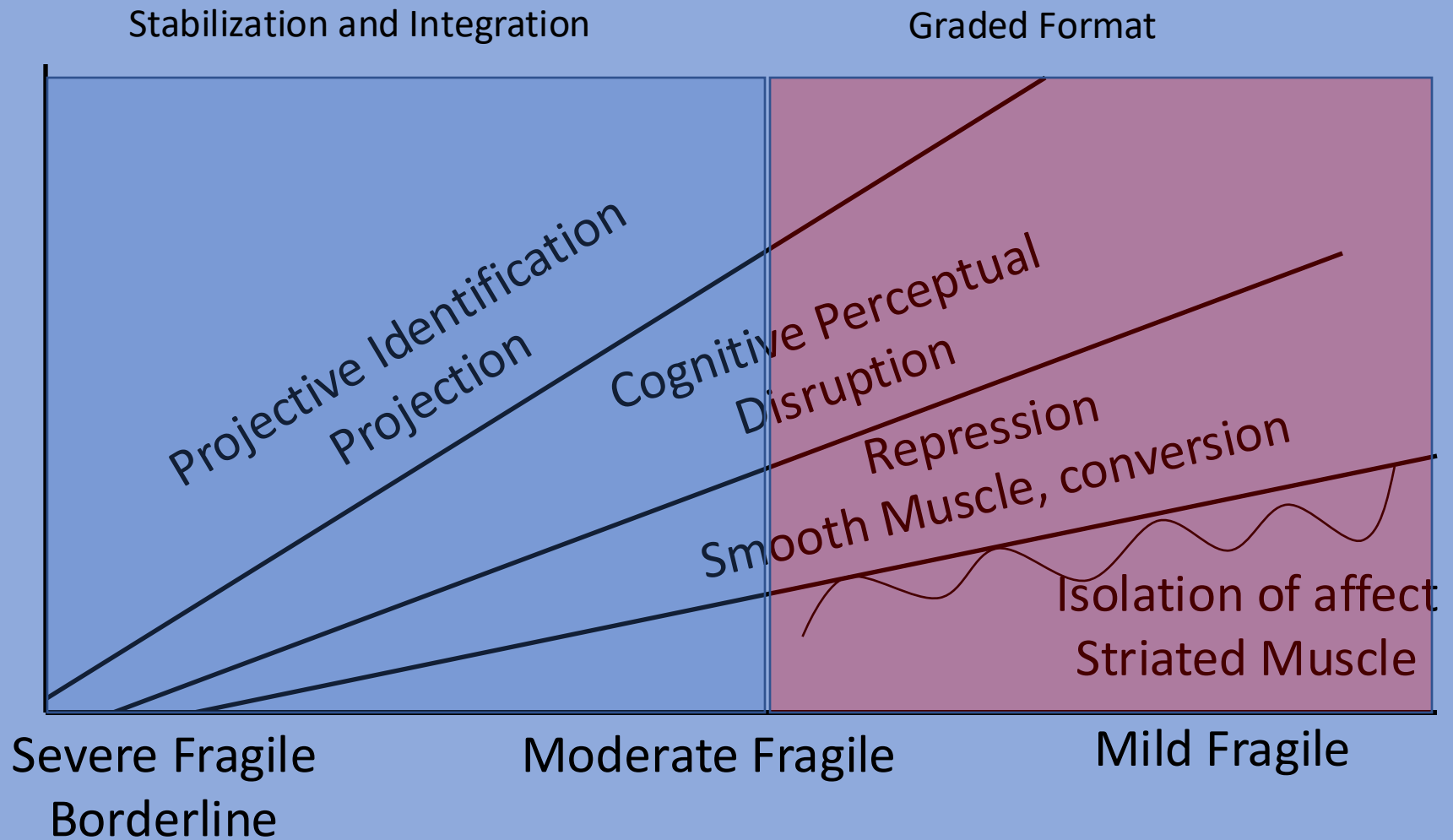


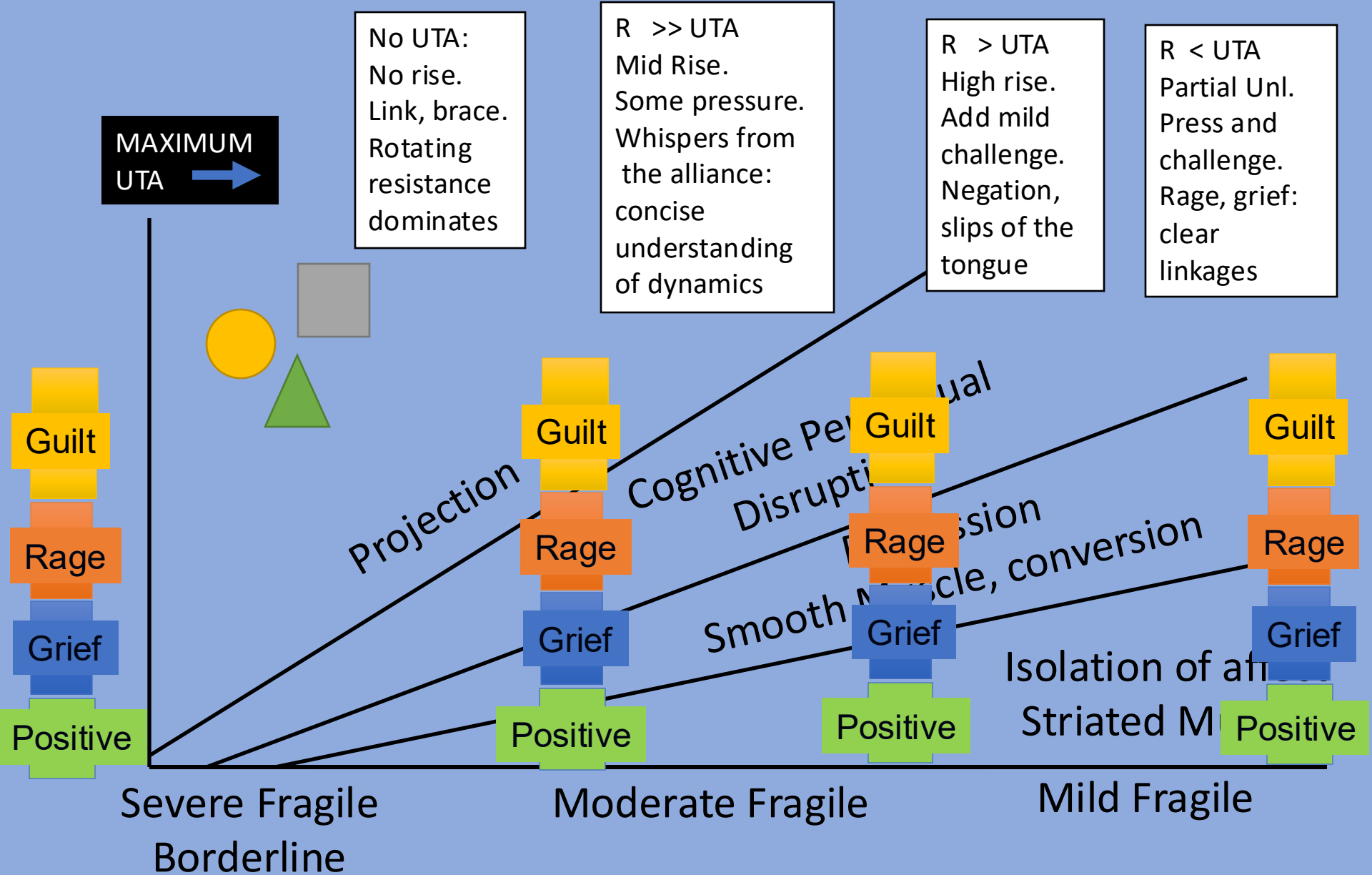
*2. Focus on
Feelings
or Defenses*



Unconscious
Impulses & Feelings

Fragile Spectrum





Capacity building Phases

- Psychic integration and Stabilization
 - Build early reflective capacity
 - Overcome projection and impulsivity
 - Maybe few sessions to 25 sessions or more depending on level of fragility
- Graded Format
 - Early UTA
 - First breakthroughs
 - Muscle tension and isolation of affect

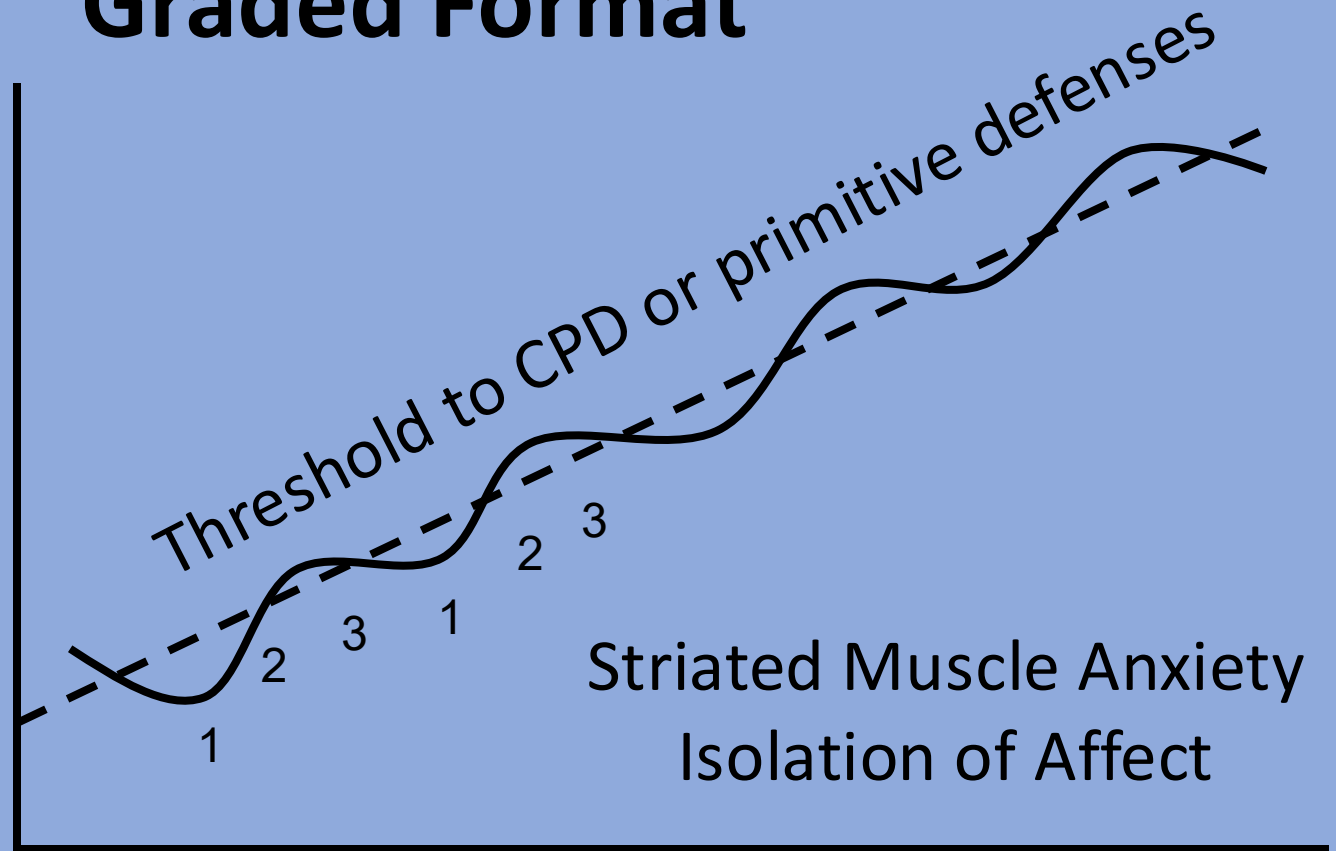
Fragile Spectrum: Interventions

High	<p>Handle Split Modes, Quick Links</p>	<p>Handle projection, Regulate Anxiety</p>	<p>Regulate Anxiety Challenge repression/ dissociation Portray rage and guilt</p>
Medium	<p>Handle projection, and split modes, Quick links</p>	<p>Regulate anxiety, Recap, Portray and guilt immersion Grading</p>	<p>Guilt Immersion Graded Unlocking with some rage</p>
Low	<p>Explore Problems, seek links, quick links</p>	<p>Brace, Recap Grading</p>	<p>Pressure, Feel Grief</p>
	Severe Fragile Borderline	Moderate Fragile	Mild Fragile

Conscious
Feelings

Graded Format

Unconscious
Anxiety

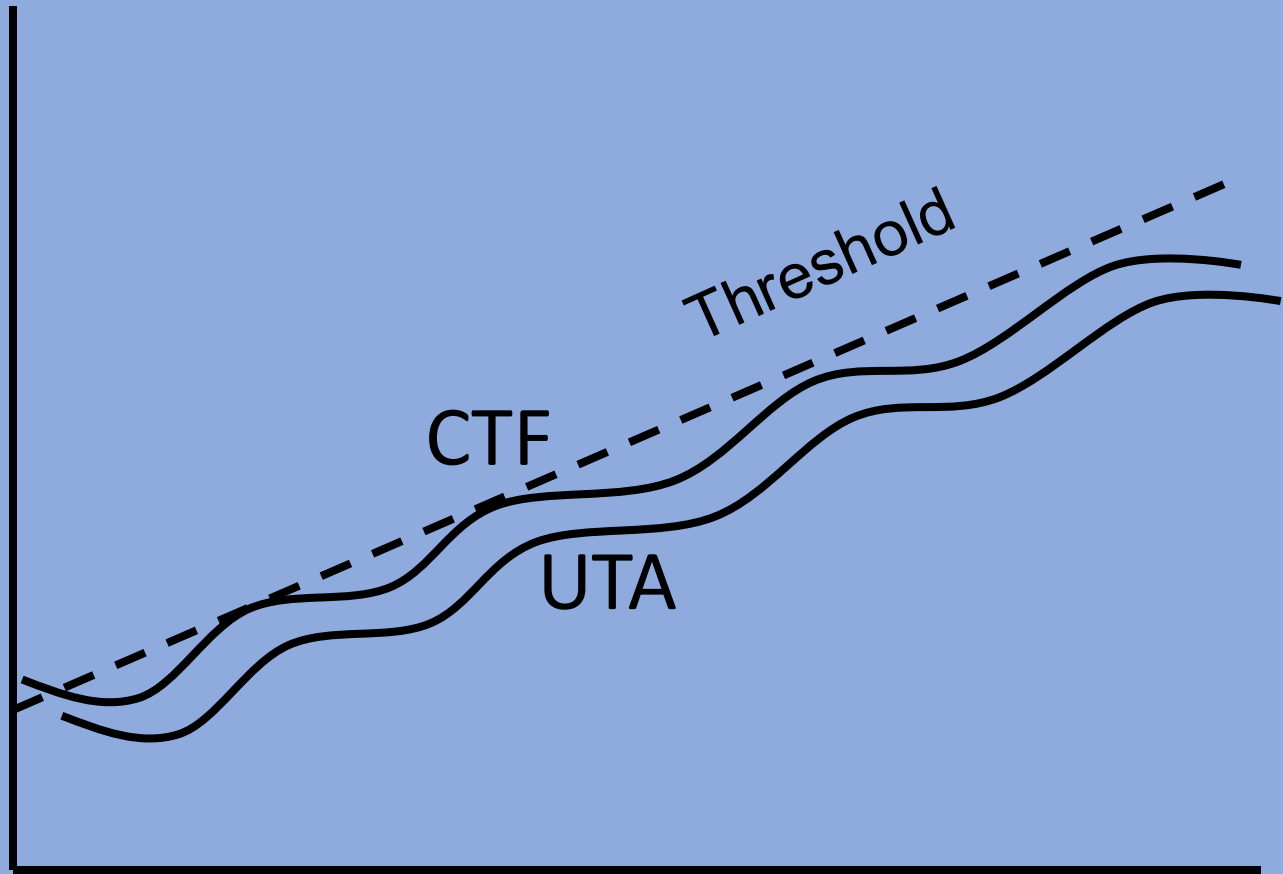


1. Pressure or Brace
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

UTA RISES WITH CTF

Conscious
Feelings

Unconscious
Anxiety



Spectrum of Rage-Guilt with anxiety and defenses

Cognitive-perceptual
Primitive defenses
(Fragile)

Torturous
rage

Smooth muscle,
motor conversion,
Repression
(R + Repression)

Primitive
Murderous Rage

Murder by
Simple means

Striated muscle and
isolation of affect
(moderate/high R)

Kick punch
unconscious

Strikes

Striated muscle and
tactical defenses
(Low R Pattern)

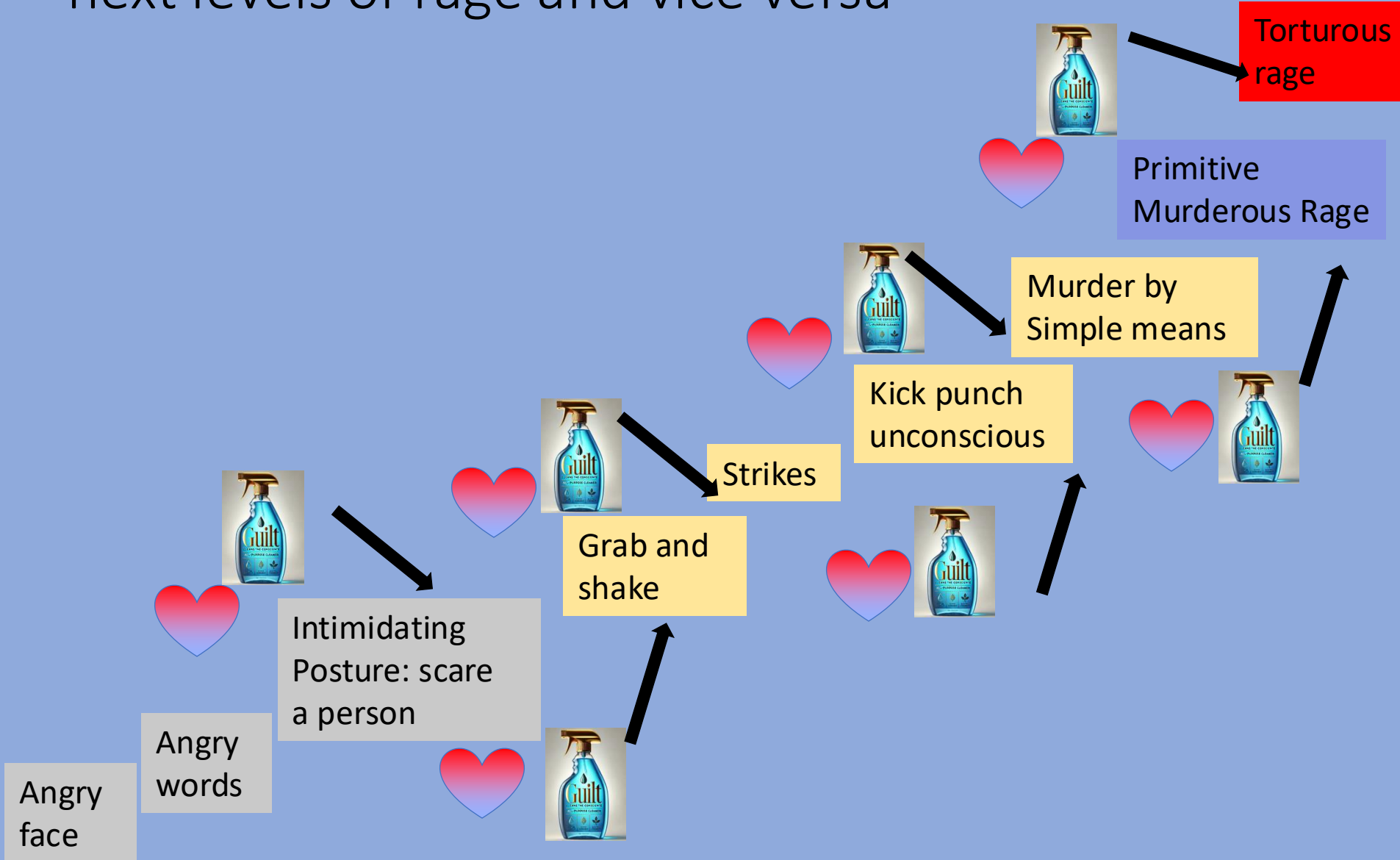
Grab and
shake

Intimidating
Posture: scare
a person

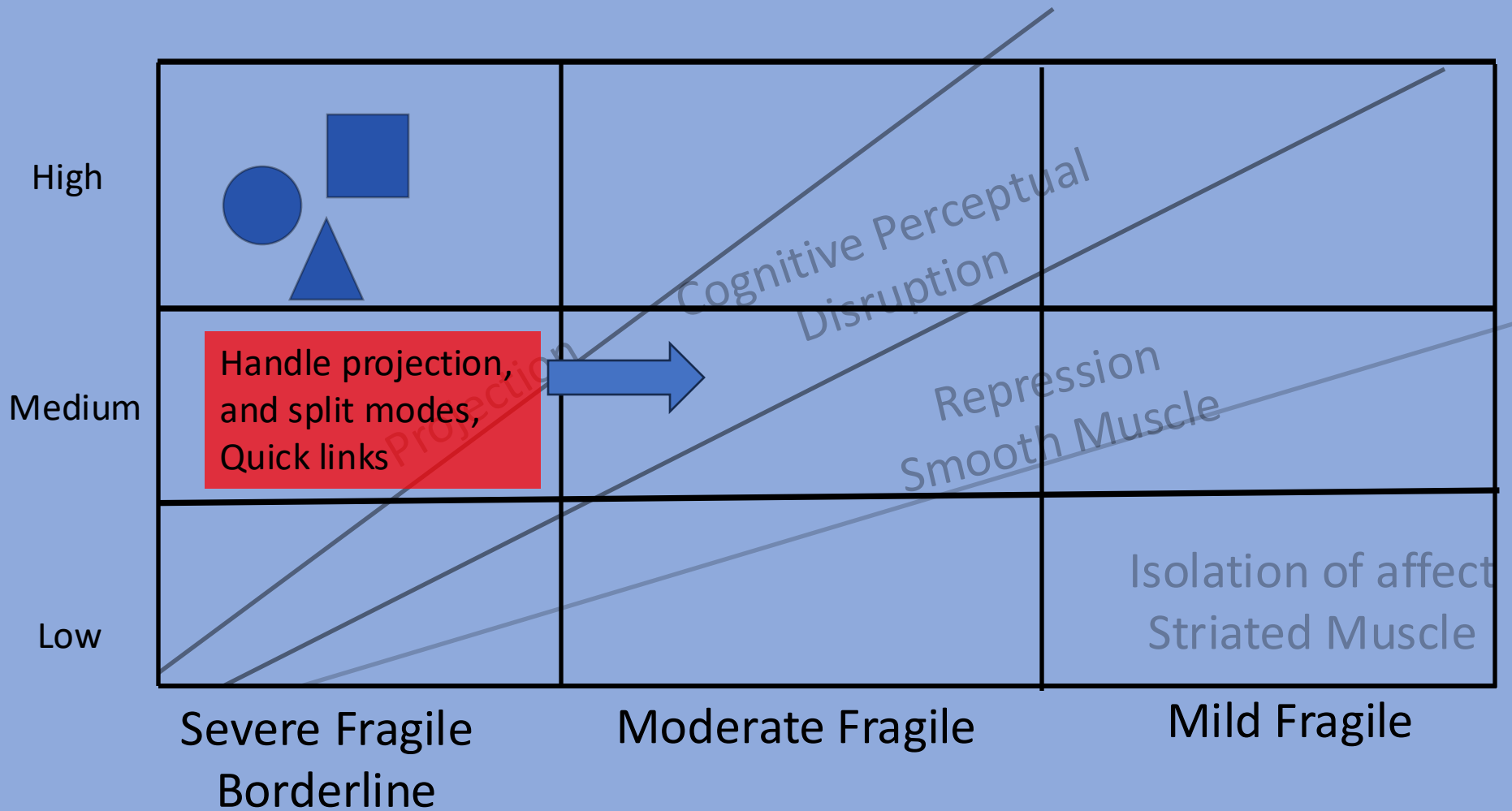
Angry
words

Angry
face

Love and guilt enable and bring next levels of rage and vice versa



Fragile Spectrum: Interventions



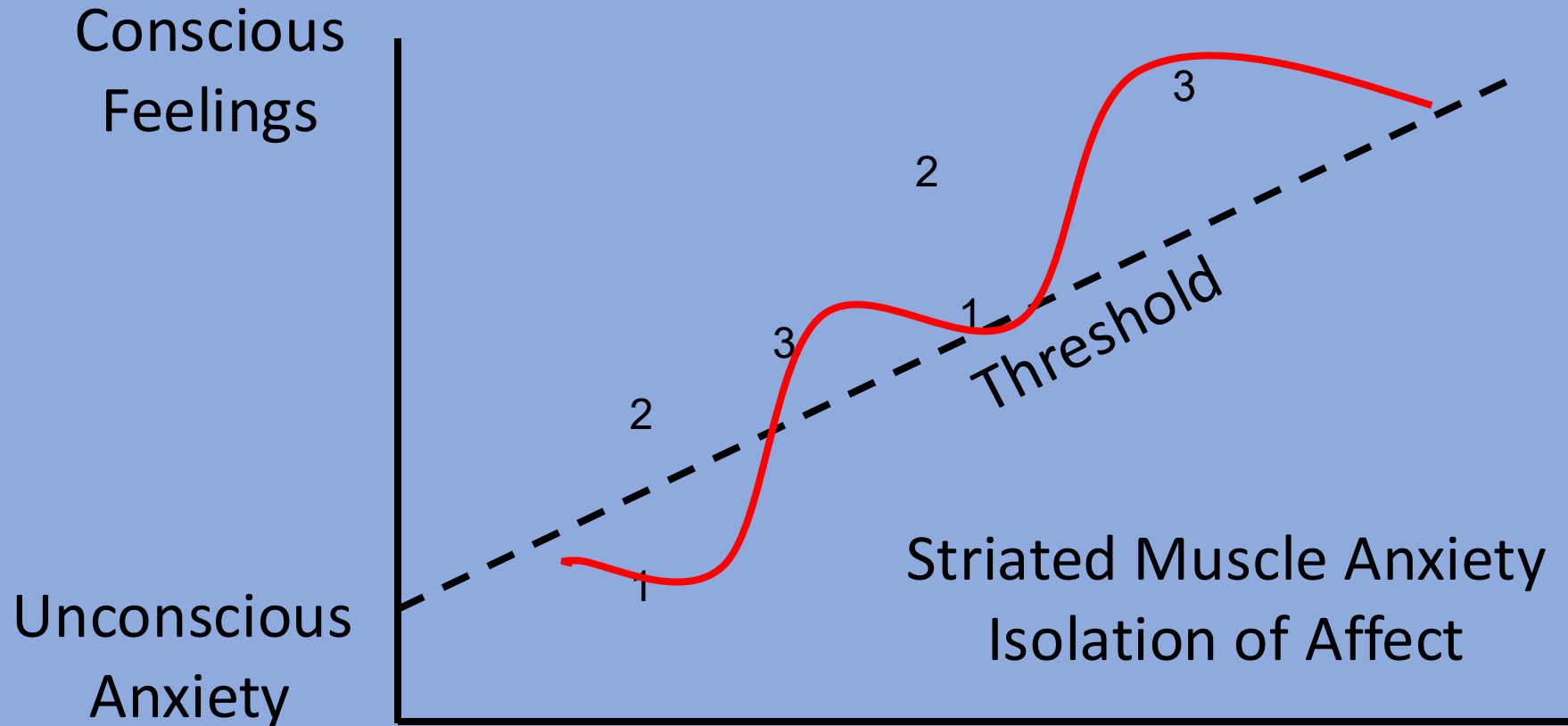
Projection on front

- How to detect
 - Words
 - Active fear: backing away, shaking
 - Counter-reacting with anger

Handling projection

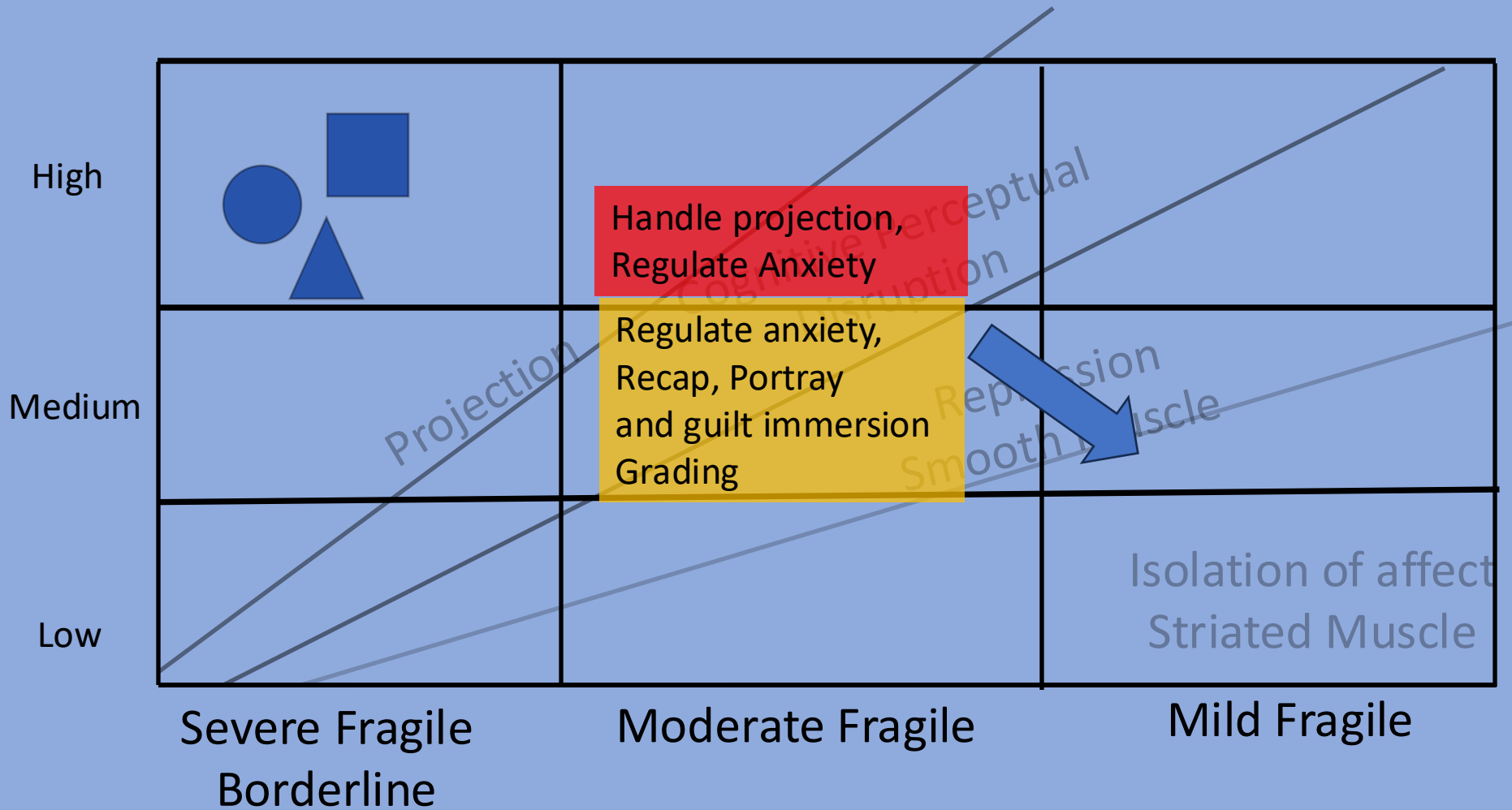
- Ask how they think you think or think you feel
- Reflect on thought content
- Ask where from
- Regulate down the anxiety: at least label the anxiety component
- Counter the projection: behave differently
- Speak and be present as a distinction from projection
- Watch for anxiety to go to cognitive disruption
- Recap after settling

Focus on Guilt: Immersive Approach to Building Capacity

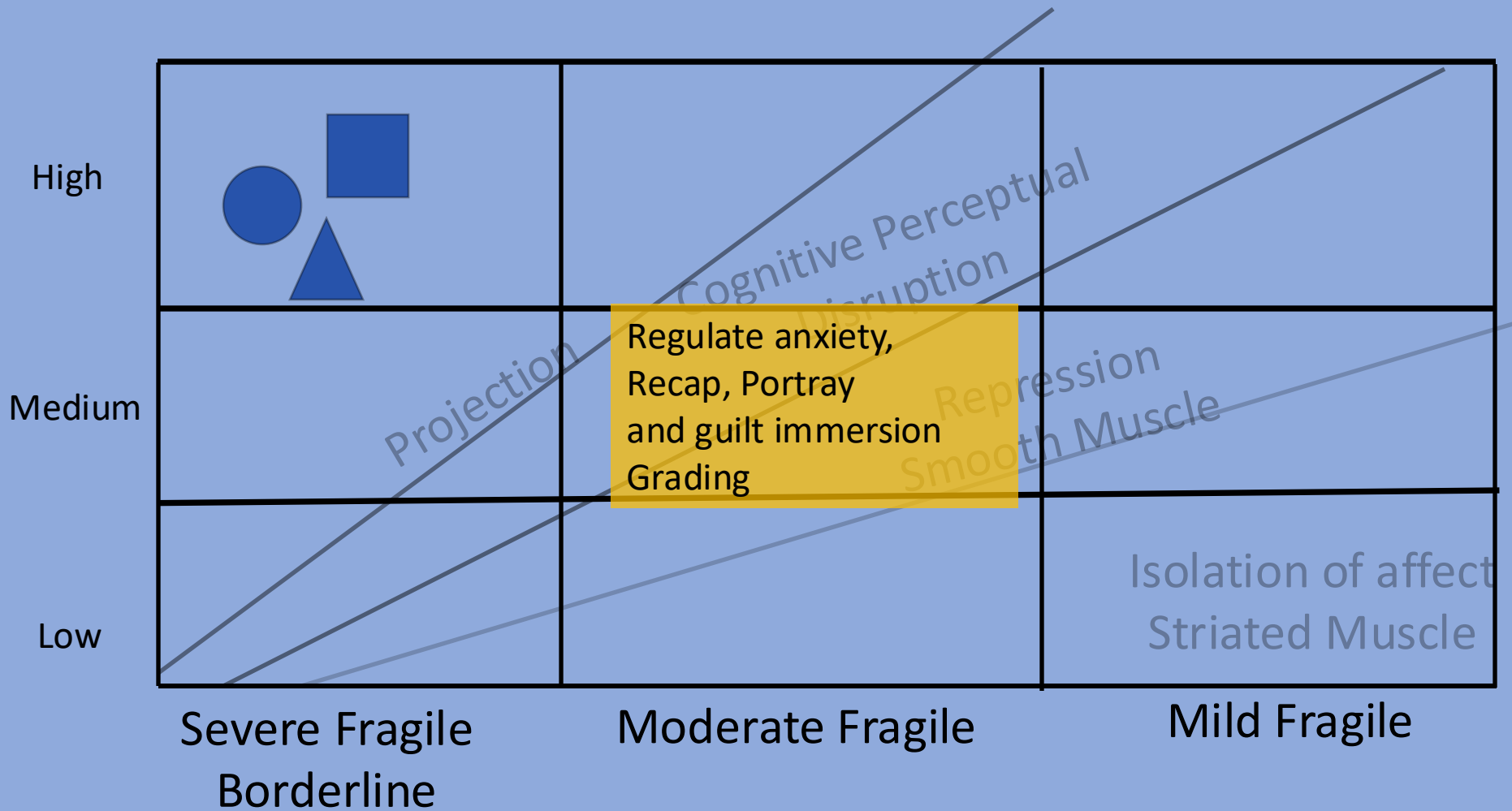


1. Pressure to identify and describe rage
2. Rise to above threshold: split process
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

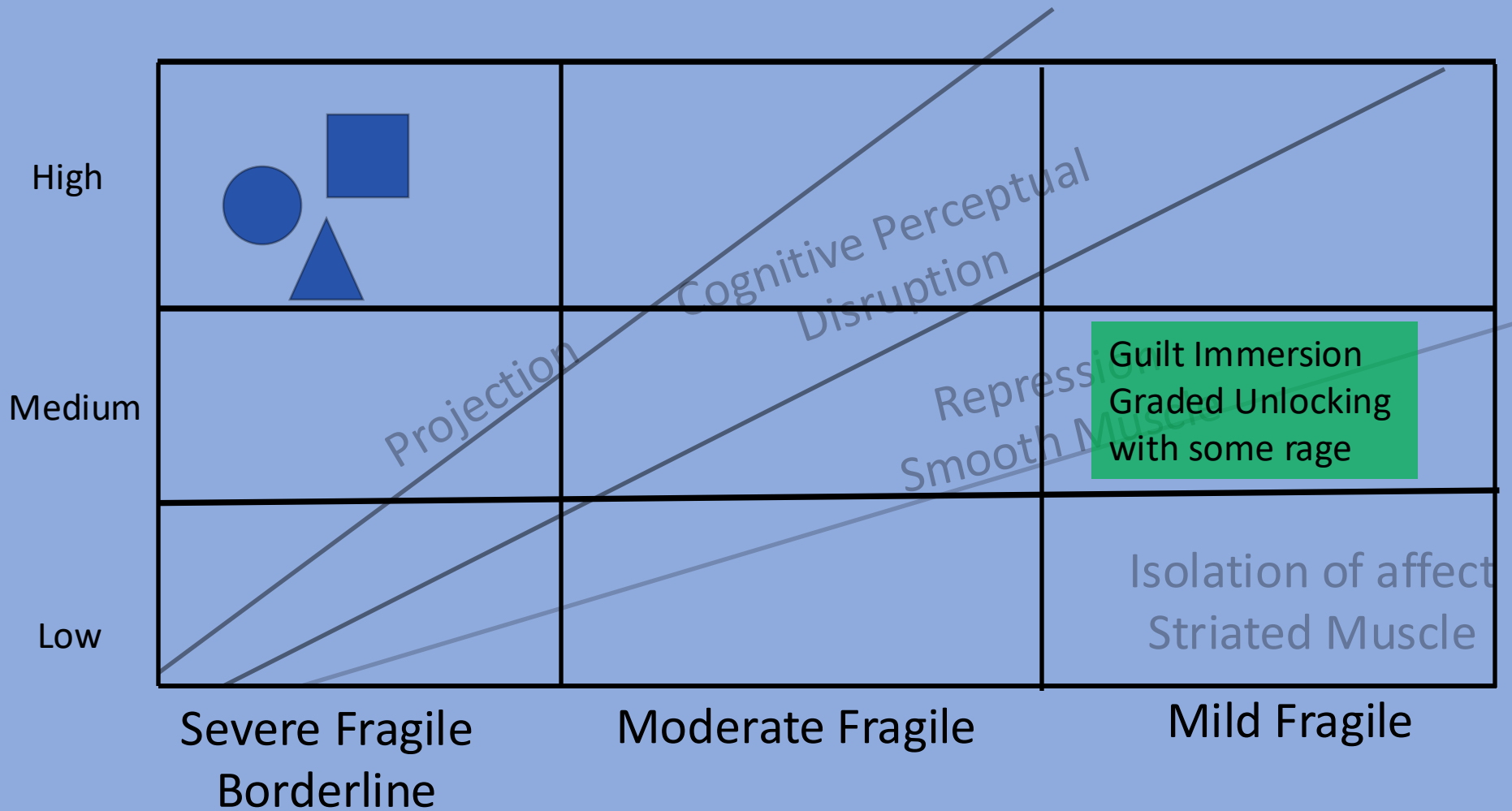
Fragile Spectrum: Interventions

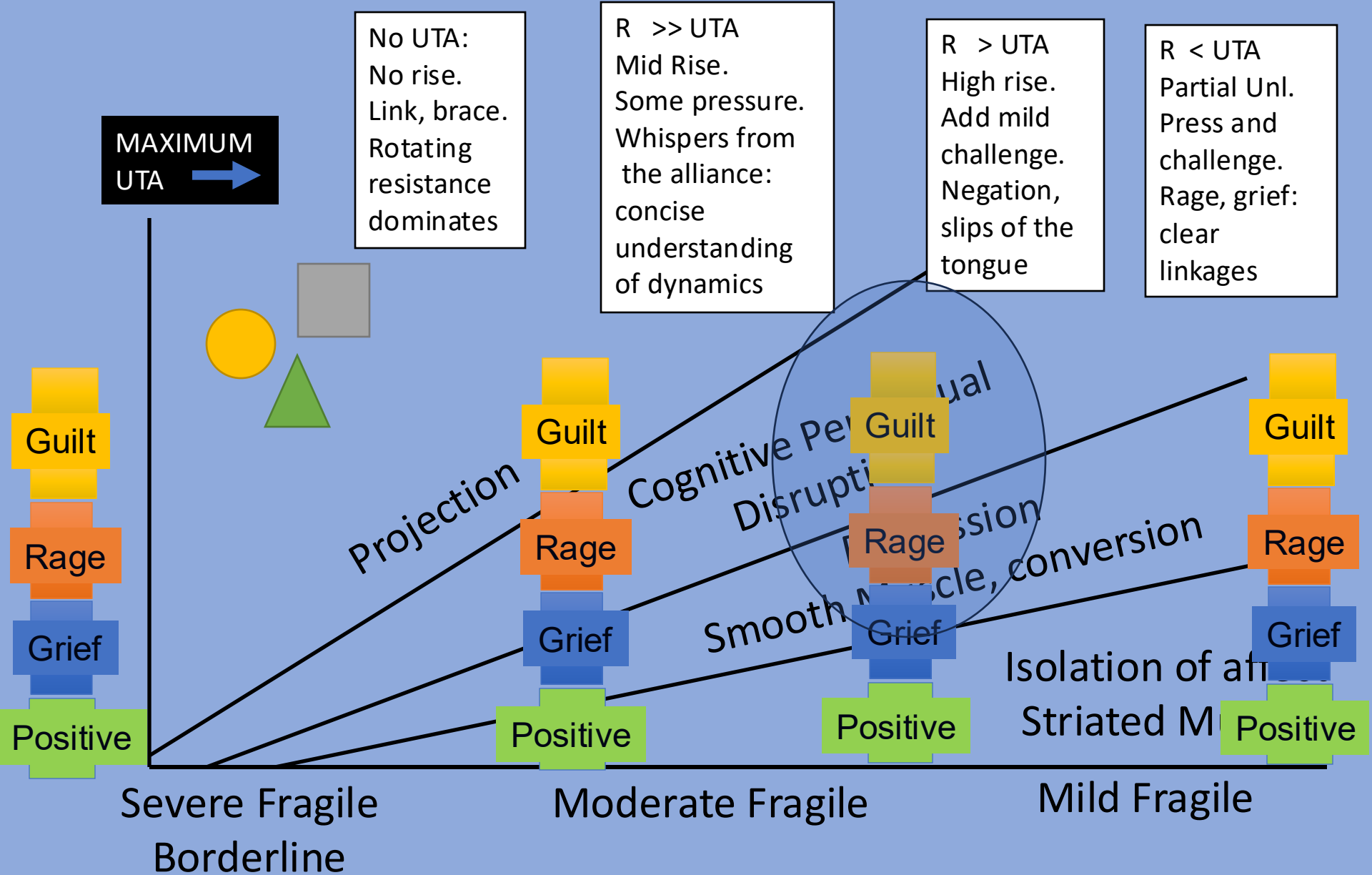


Fragile Spectrum: Interventions



Fragile Spectrum: Interventions





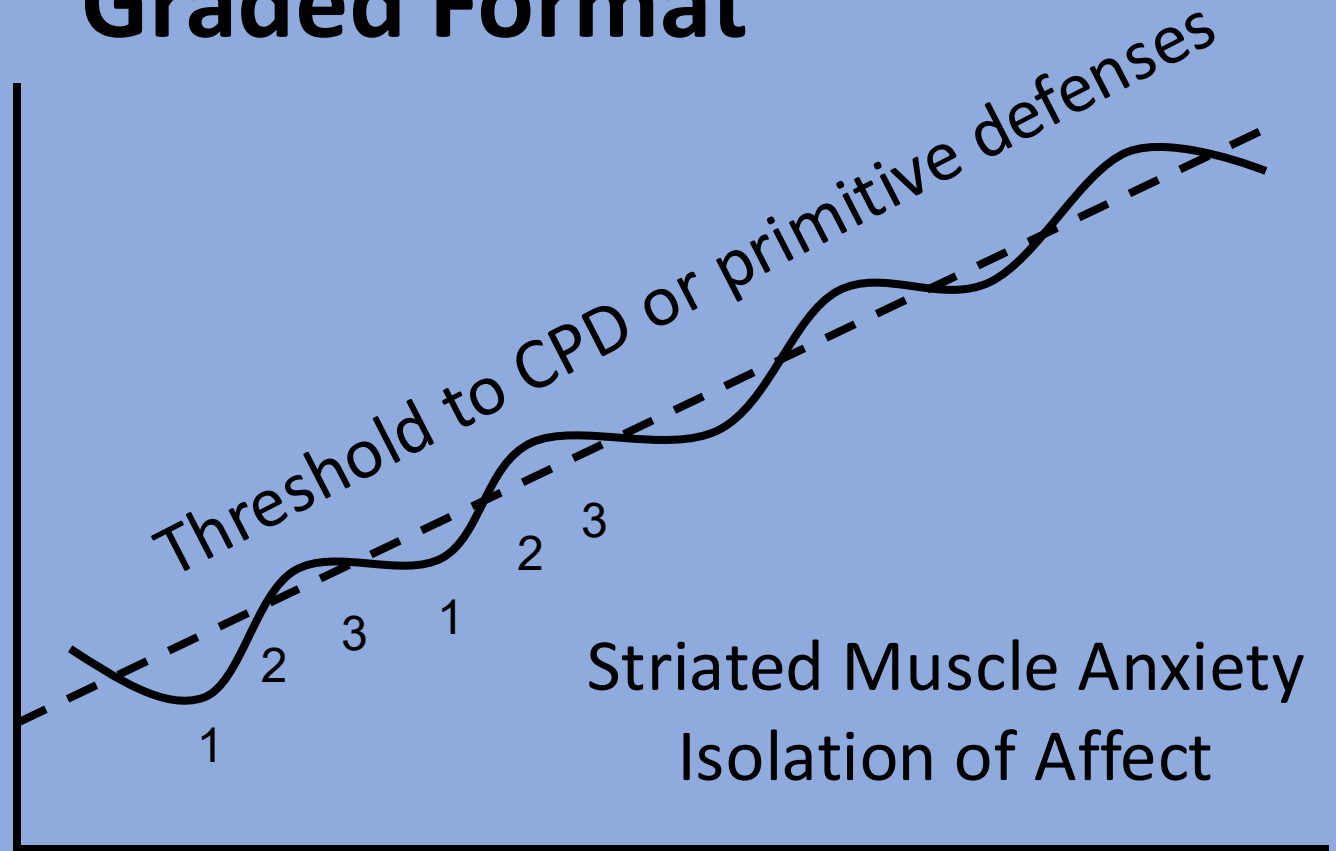
Therapist Stance

- Present and engaged
- Validating all things
- Integrated versus splitting: no rescue, no idealize, no devalue, no self devalue, no control of other, not submitting to other
- Reflective stance: ready to link and understand processes
- Looking a little bit ahead to the next processes
- Holding a continuous positive regard for the whole person
- Seeing the person as who they will develop to become

Conscious
Feelings

Graded Format

Unconscious
Anxiety



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

Conscious
feelings

CPD primitive defenses
or repression

RECAP and ANXIETY REDUCING TECHNIQUES

BRACING
PRESSURE

Isolation of affect
Striated muscle

Unconscious
anxiety and
defense

Severe fragile,
borderline

Moderate
fragile

Mild
fragile

Pressure

BRACING

Reflection: Recap

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

Bracing Tips

- Each intervention is a shared process of examination
- Self Reflect with each intervention
- Concentrate on your own body reactions
- Compare anxiety to feeling
- Contrast anxiety and feeling
- Compare one incident and another
- Link what comes before or after
- No challenge, *until getting to high rise*

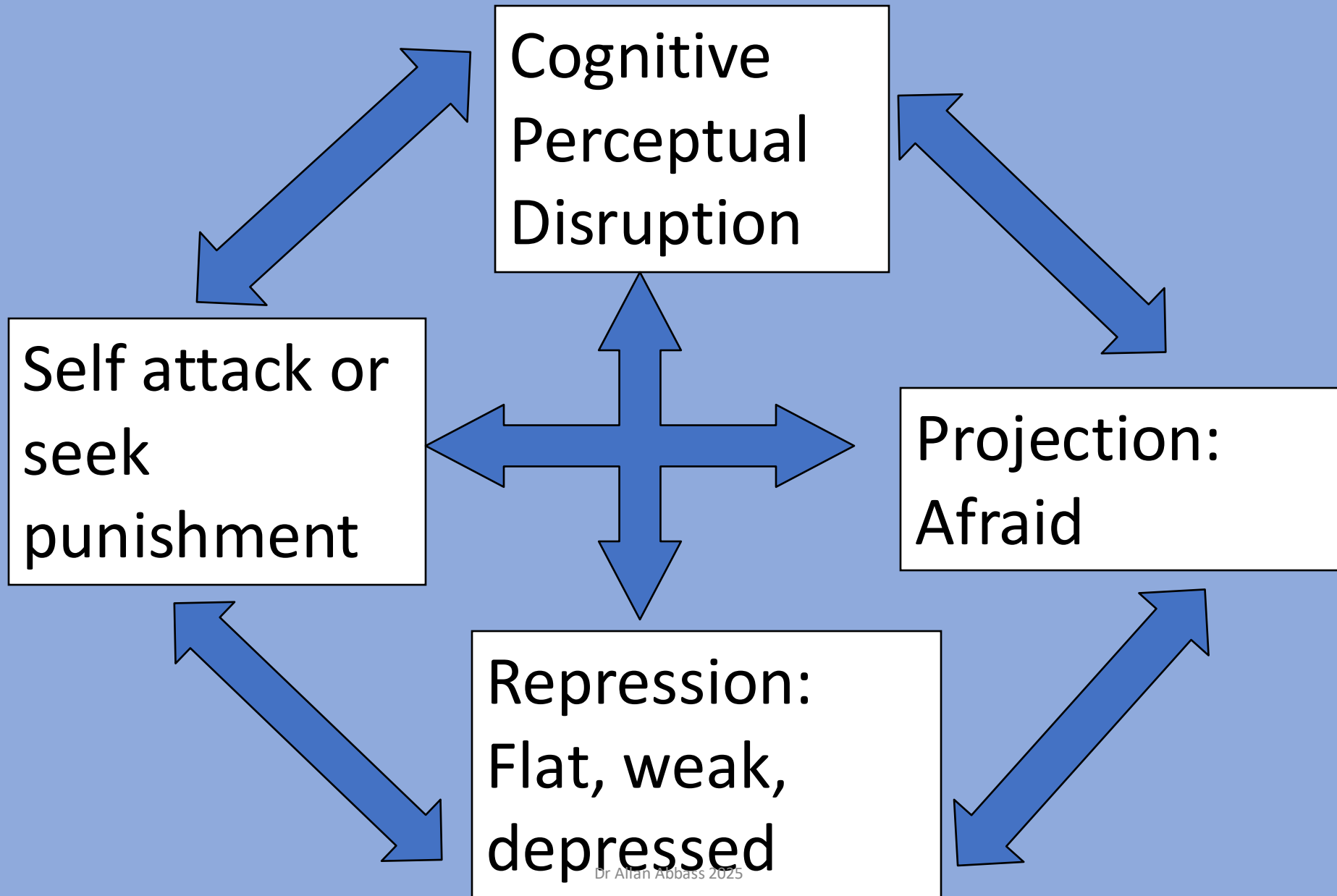
Portraying

- 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

Recapping

- Link corners of 2 triangles
- Link flow of emotions
- Collaborate with patient
- Encouragement for patient
- Team huddle and planning next moves

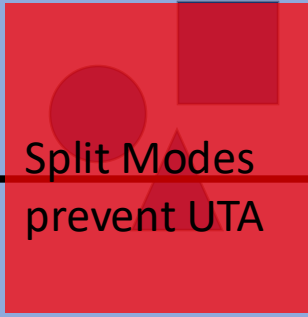
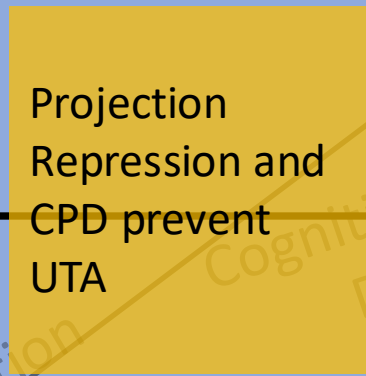
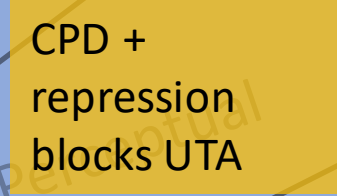
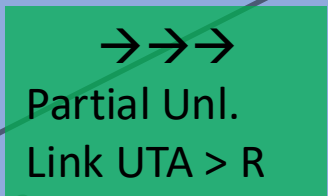
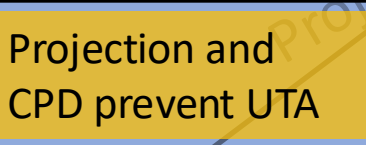


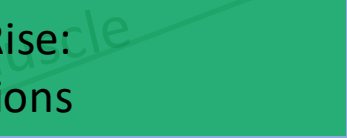
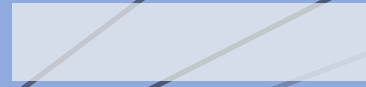
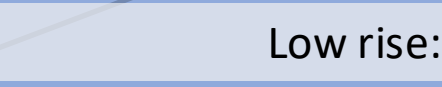
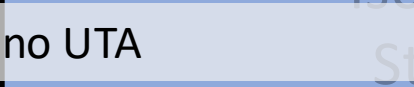

Rapidly Rotating Fronts



Fragile Spectrum: Interventions

High	<p>Handle Split Modes, Quick Links</p>	<p>Handle projection, Regulate Anxiety</p>	<p>Regulate Anxiety Challenge repression/ dissociation Portray rage and guilt</p>
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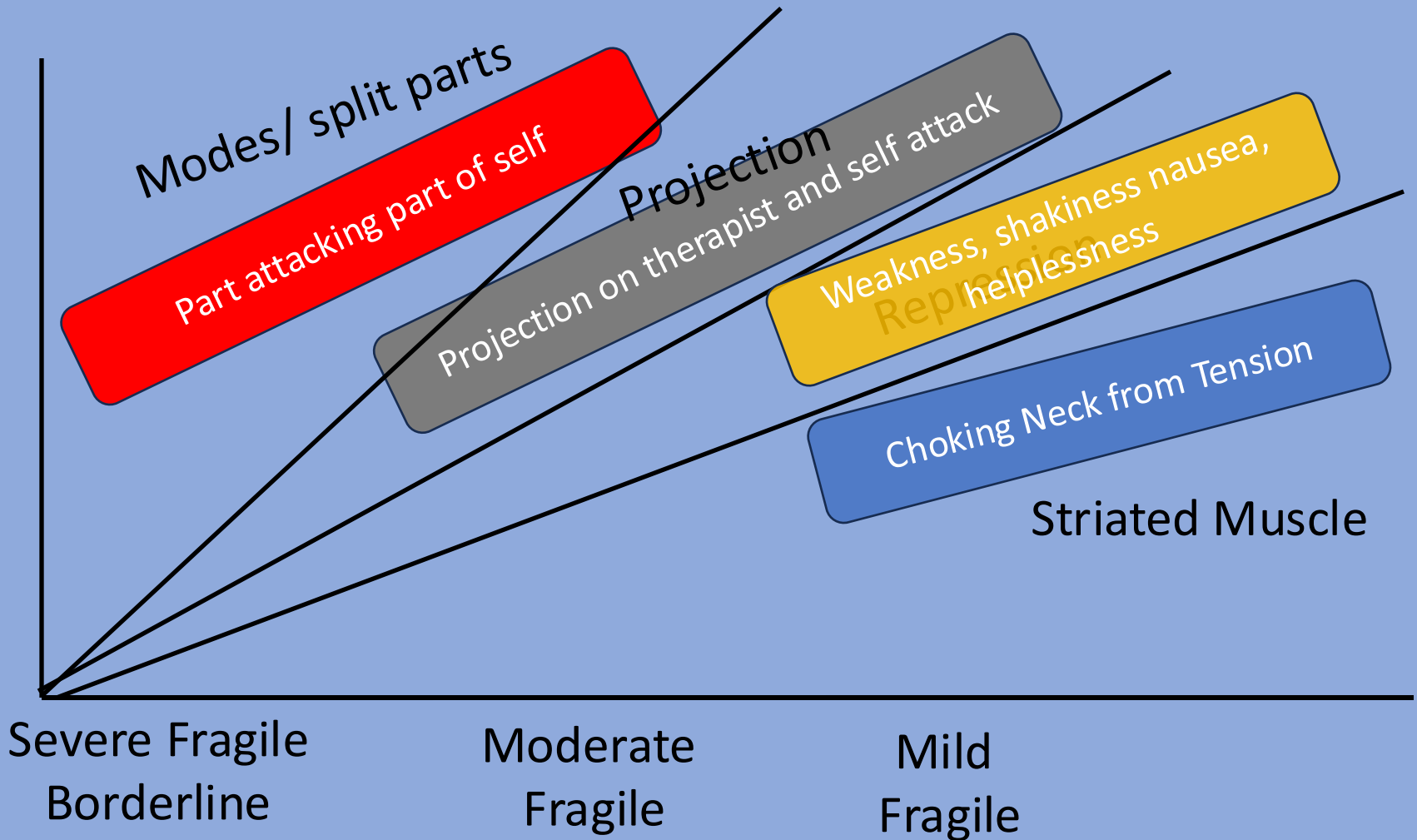
Maximum UTA across Fragile Spectrum

High	 <p>Split Modes prevent UTA</p>	 <p>Projection Repression and CPD prevent UTA</p>	 <p>CPD + repression blocks UTA</p>	 <p>→→→ Partial Unl. Link UTA > R</p>
Medium	 <p>Projection and CPD prevent UTA</p>		 <p>High Rise: Negations</p>	
Low		 <p>Low rise: no UTA</p>		
	Severe Fragile Borderline	Moderate Fragile	Mild Fragile	

Regressive Defenses

- Weepiness
- Acute helplessness
- Acting out
- Cursing/ yelling
- Shaking-trembling-weakness-paralysis-fainting
- Self choking
- Can be over or under threshold

Mechanisms of Regressive Defences Fragile spectrum



When to pressure through Regressive Phenomena

- When a patient has regressive defences below a threshold to drifting or repression, increase pressure
- Stop pressure when you have direct evidence it doesn't help, is too uncomfortable, or there are thresholds being crossed.

If you drop the pressure in patients with regressive phenomena

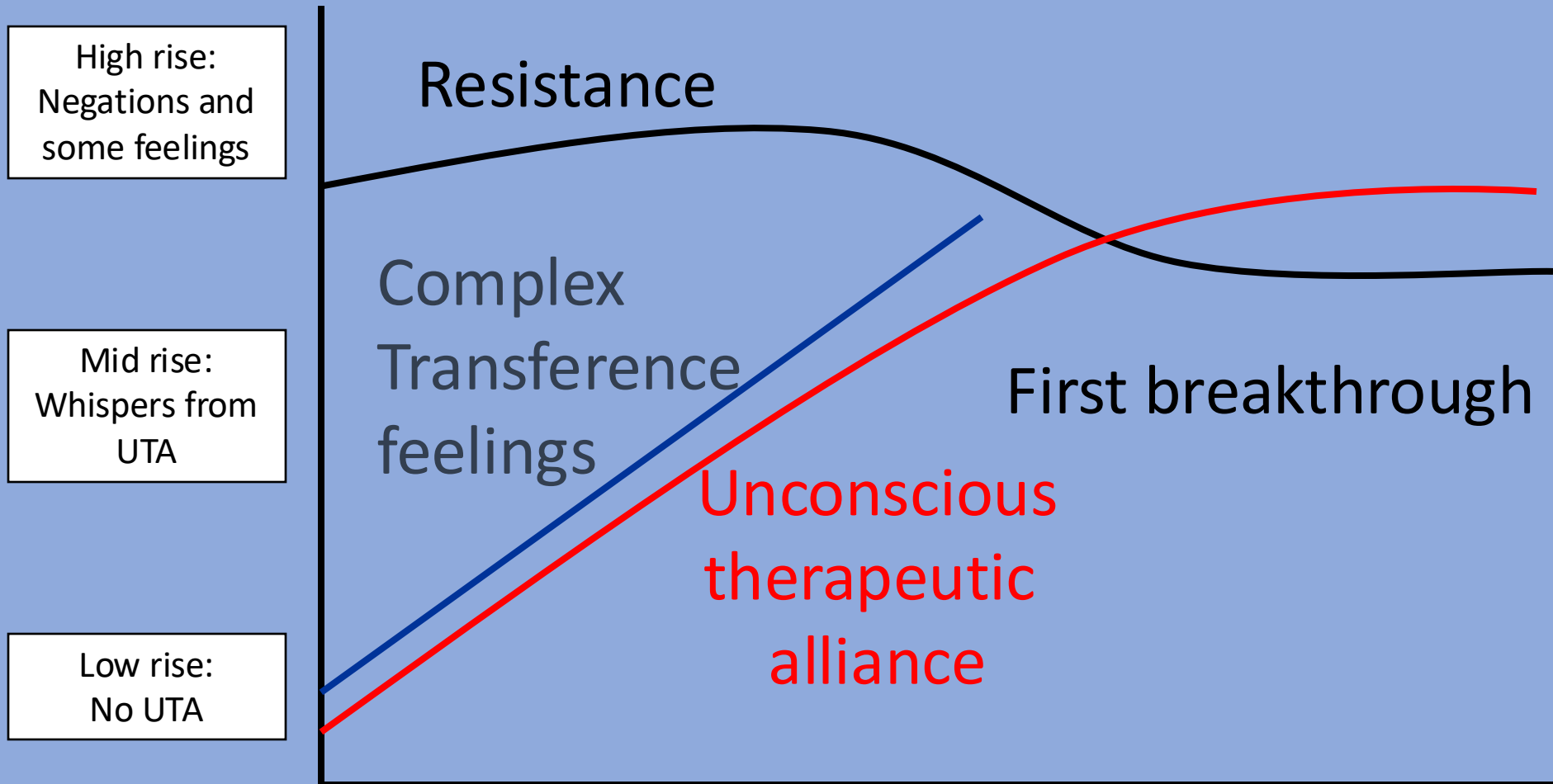
- *They are afraid you have quit on them and they will never get free*
- Anxiety goes up
- Regression increases
- Acting out
- Hopelessness
- Depression risk goes up
- Resolution is keep some pressure!

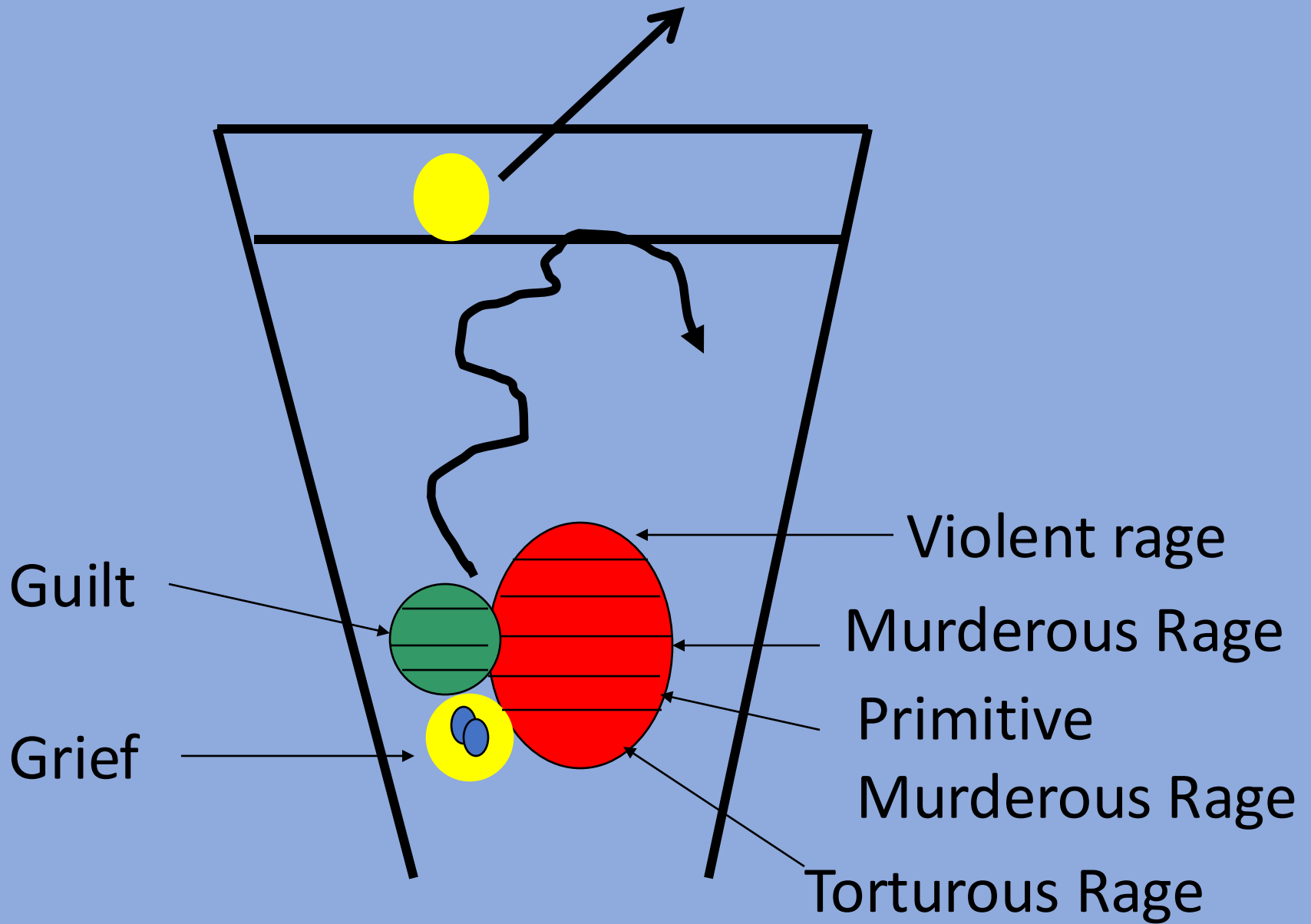
First Unlockings

- Mixed process of feelings and anxiety
- Links and grief mostly
- Some split processes of rage: integrate by pressing on guilt
- UTA still can become overtaken some
- See with better self care, self observing, assertiveness, tolerance of distress

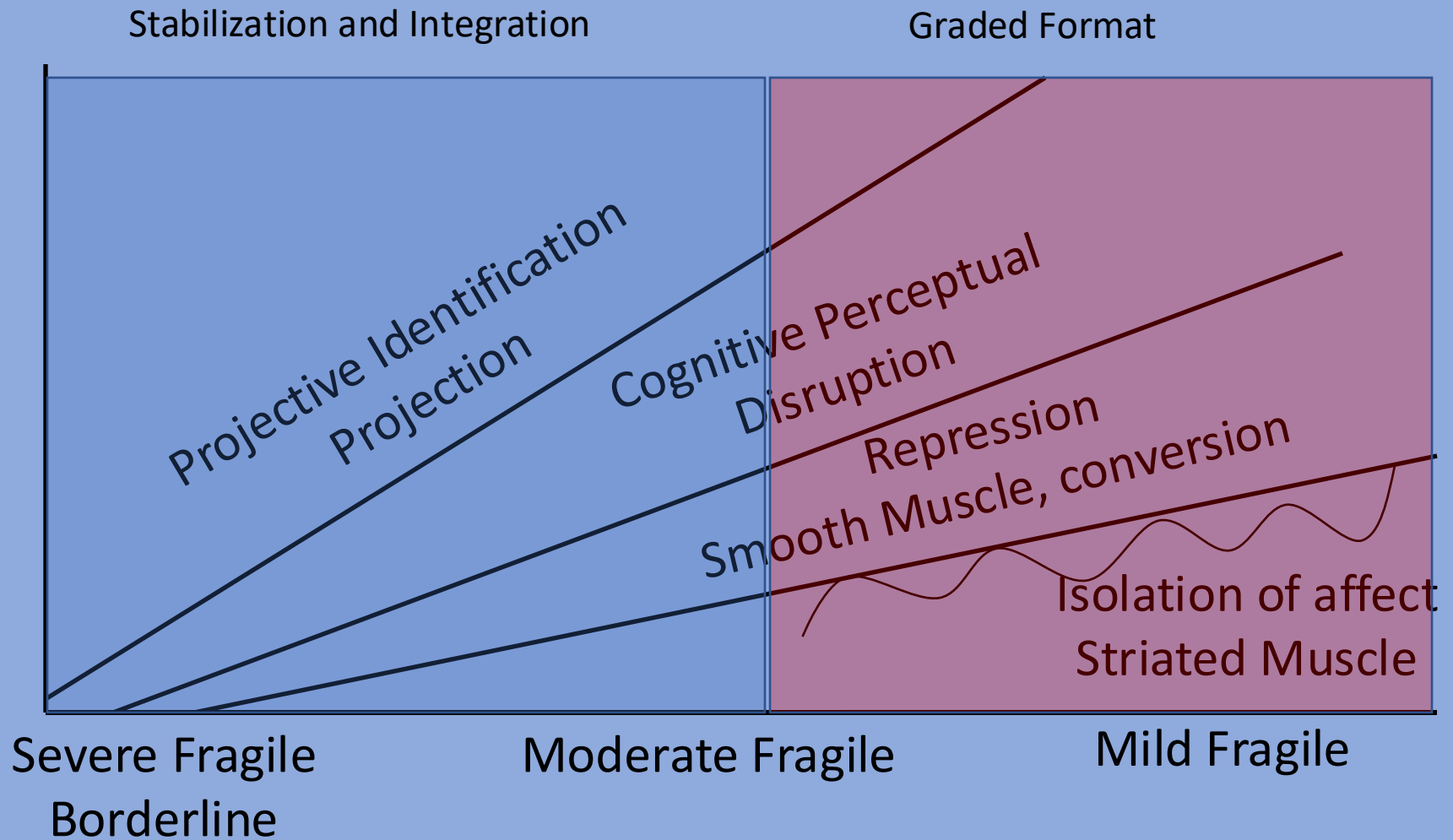
1st Breakthrough

- CTF are mobilized to the preconscious zone
 - Most of what breaks through is grief
 - Maybe grief about the defenses → dystonic
 - Rage and guilt go back down
-
- Anxiety and defenses drop somewhat
 - UTA has small advantage
 - Link to past unconscious feelings arrives





Fragile Spectrum





Feelings	Anxiety
Feelings	defenses
Anxiety	defenses
Transference	Current
Transference	Past
Past	Current
Bond	Separation
Separation	Fear and Grief
Fear and Grief	Rage
Rage	Guilt
Feelings inside	Feelings outside
Split parts inside	Split parts outside
Split parts Current	Split parts Past
Split parts Current	Split parts Transference
Split parts Past	Split parts Transference



Quick or Single Links

- Very distressed and severely fragile patients cannot tolerate being held for long recaps
- Use short links to tie one thing to another to gradually build structure
- Adding defenses of rationalization, intellectualization, self reflection bit by bit
- Showing you are not a threat and will assist to understand

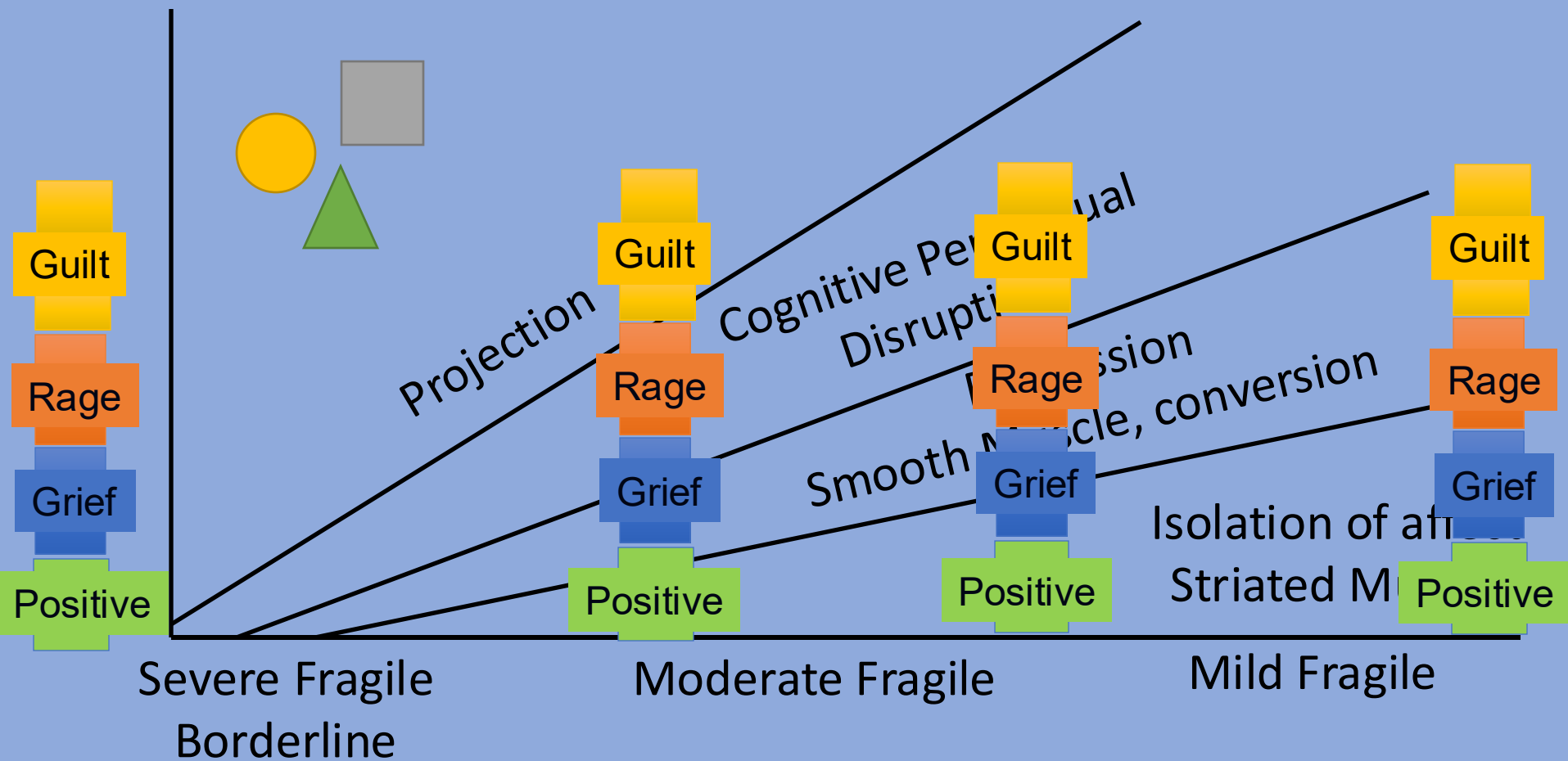
Psychic Integration and Stabilization

- Linking everything together
- A link is a structure you create between different brain regions and functions
- Feeling- Anxiety, Feeling-Defense, Anxiety -Defense
- Past-T, T- Current, Past to Current
- Pain makes rage makes guilt makes self punishment
- Work with projection
- Work with split parts/ Modes
- Observing body responses
- Labeling phenomena
- *Build a self reflective more integrated structure*



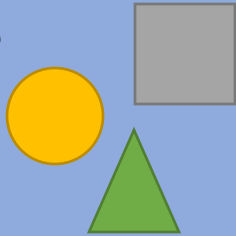
Feelings and UTA in severe fragility

- Small spike of grief or positive feelings → fires up massive guilt → fires the rotations: Projection, Repression, projective identification, cognitive disruption and self attack
- In later sessions with more capacity, this small spike may be seen with UTA whispers or negation which are swamped out by guilt → anxiety and rotating fronts
- *Be prepared for this when have a positive feeling for self or you*

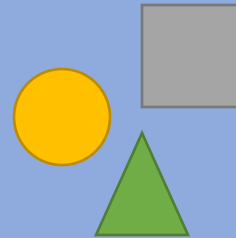


Split Parts or Modes

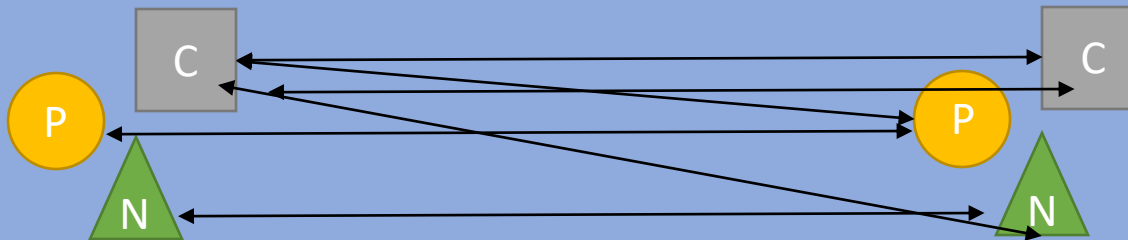
Inside
And Outside
Are same



Past and
Present People
And T are Same



Parts interact inside or outside or inside to outside



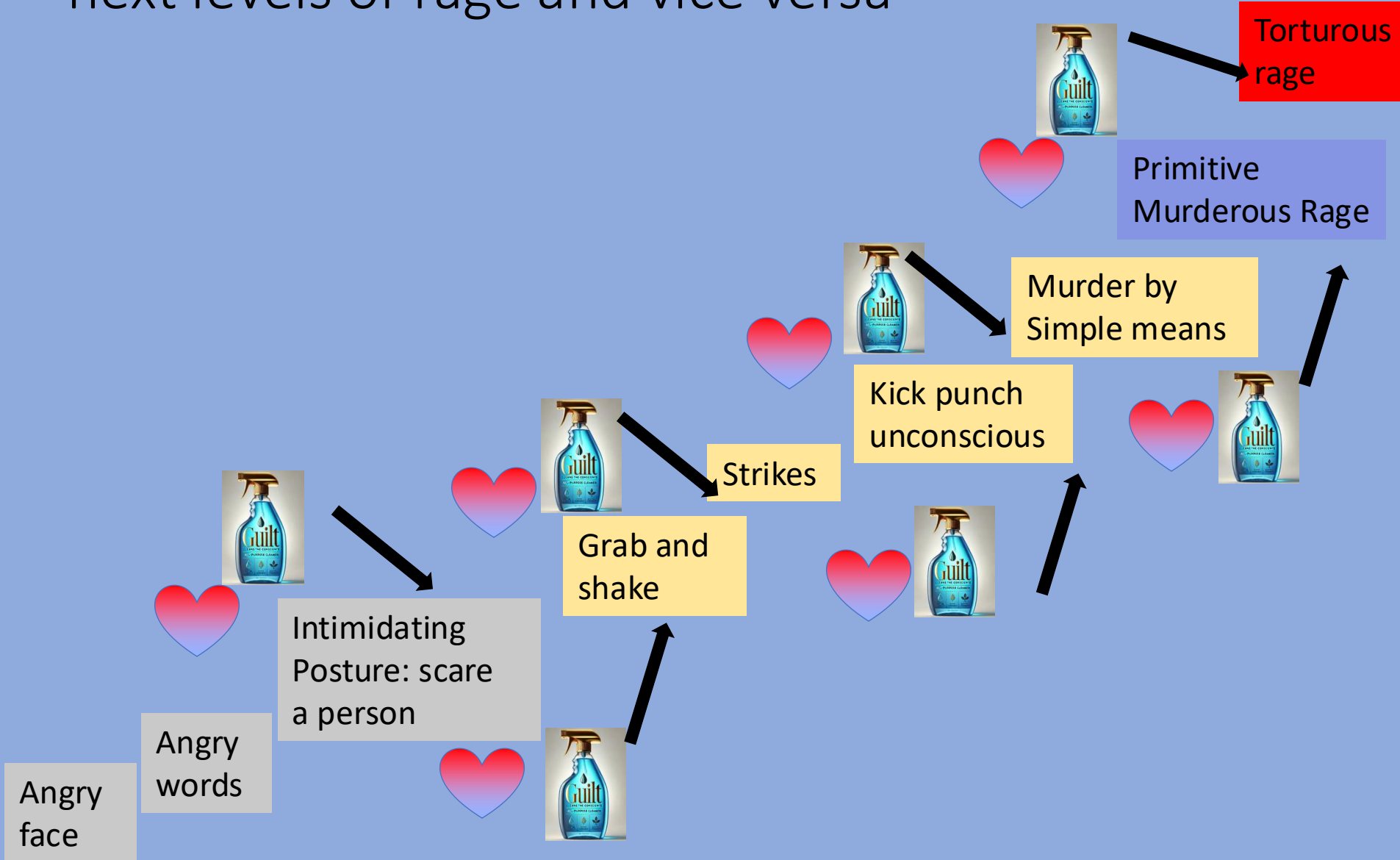
Psychic Integration and Modes

- Help patient see the modes inside and outside
- Help understand past origins of modes
- Help see how the modes interact
- Help see the split second when one mode shifts to another
- Help hold awareness of different modes
- This tends to cause some drifting and rotation

Later sessions the modes return when the torturous rage and guilt come up

- When these primitive defenses arise in later sessions they are easier to handle:
- the UTA is also operating to help
- They have more gains, confidence and supports
- Still use the T to bolster the patient, bring rise, bring UTA and regulate as needed

Love and guilt enable and bring next levels of rage and vice versa



Spectrum of Rage-Guilt with anxiety and defenses

Cognitive-perceptual
Primitive defenses
(Fragile)

Torturous
rage

Smooth muscle,
motor conversion,
Repression
(R + Repression)

Primitive
Murderous Rage

Murder by
Simple means

Striated muscle and
isolation of affect
(moderate/high R)

Kick punch
unconscious

Strikes

Grab and
shake

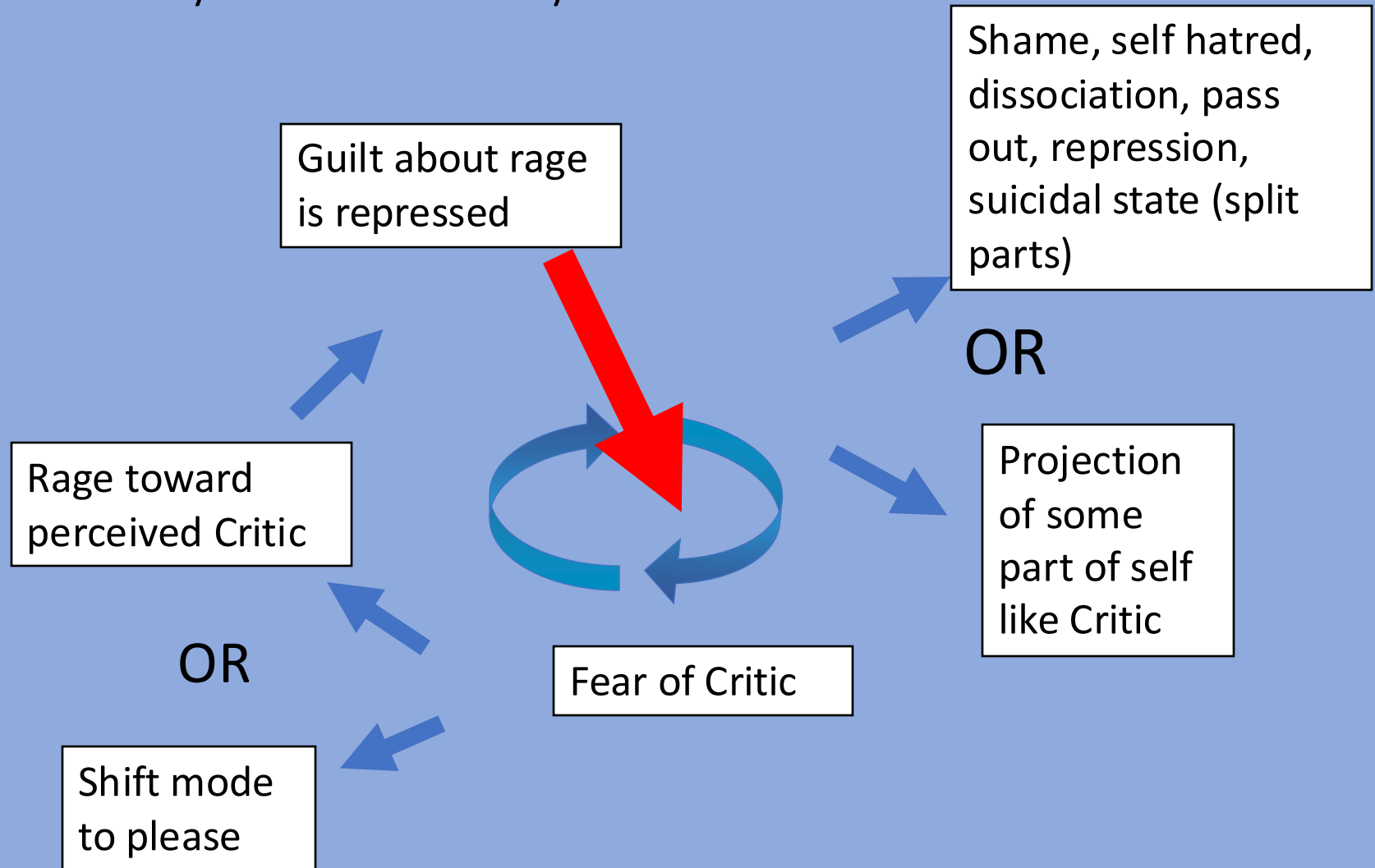
Striated muscle and
tactical defenses
(Low R Pattern)

Intimidating
Posture: scare
a person

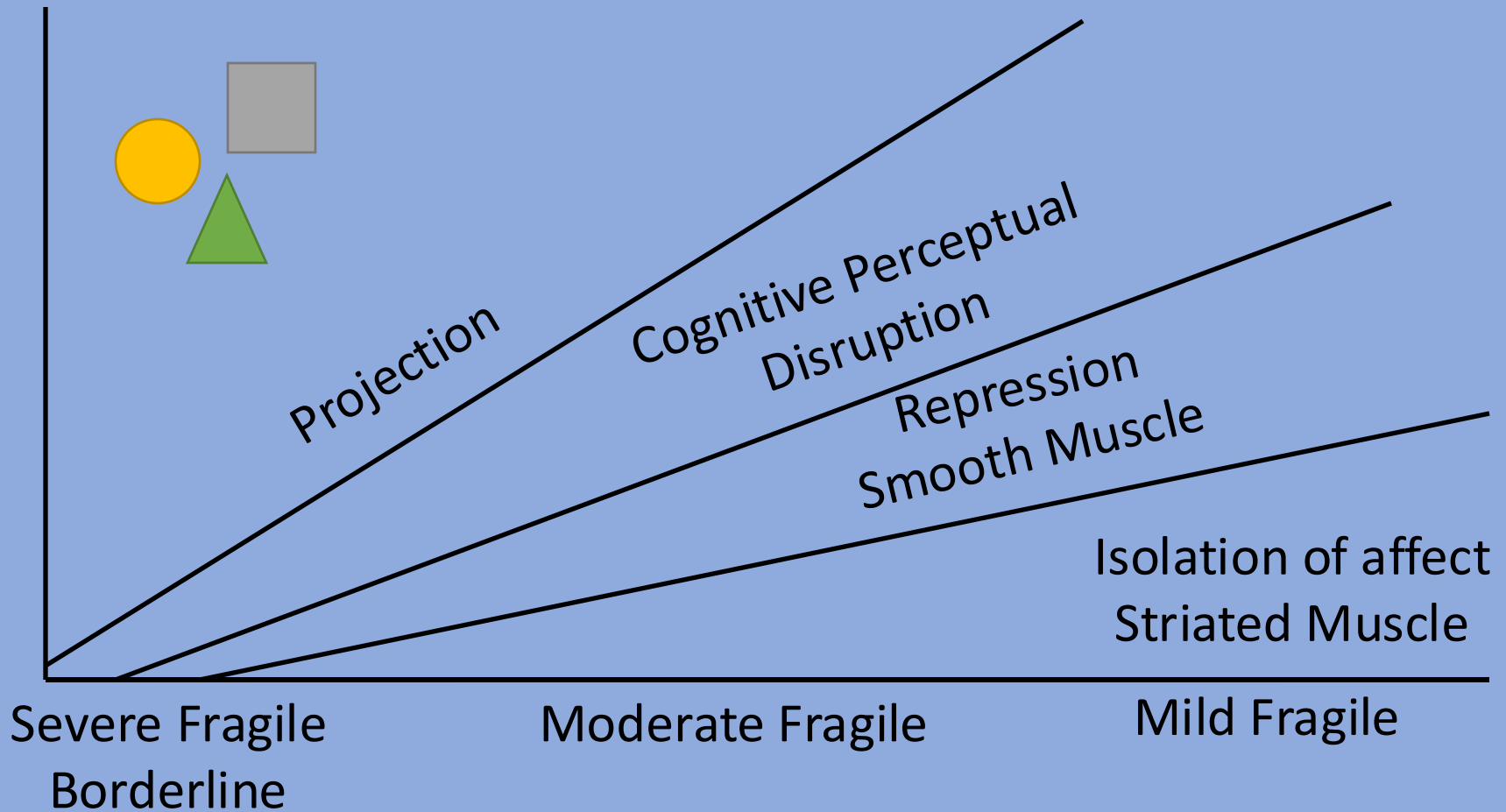
Angry
words

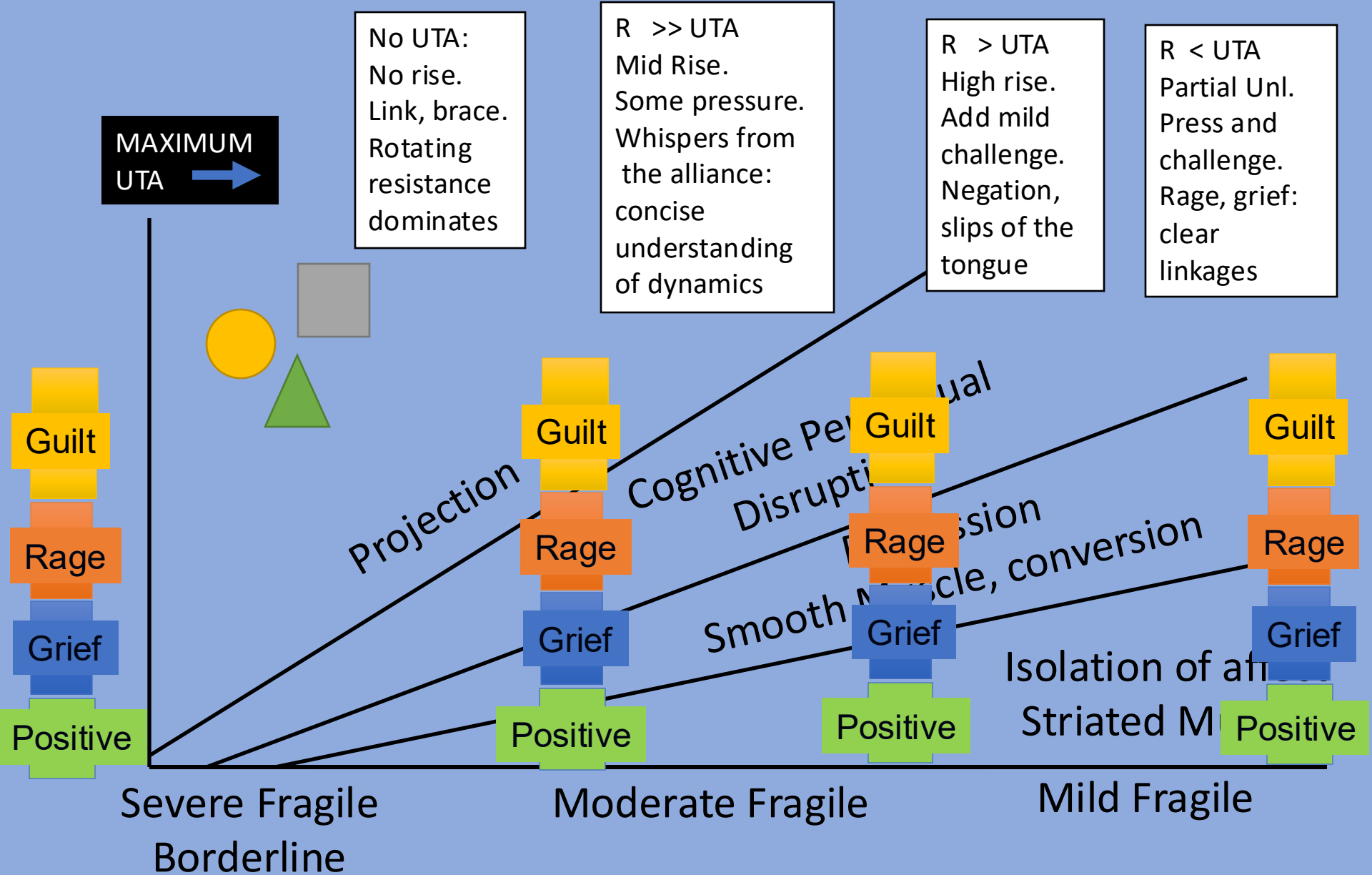
Angry
face

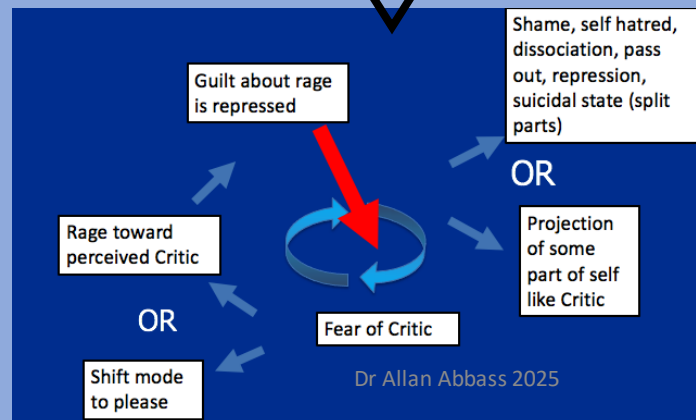
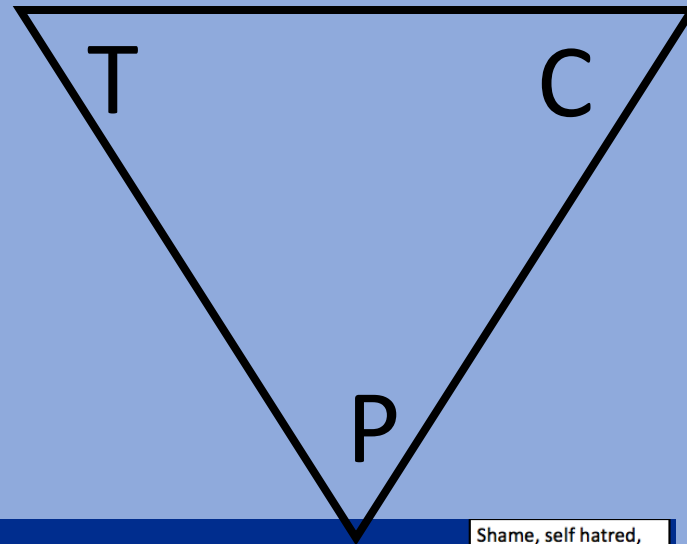
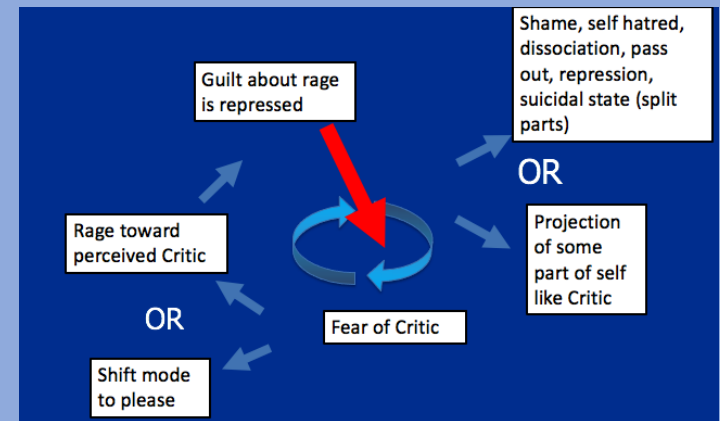
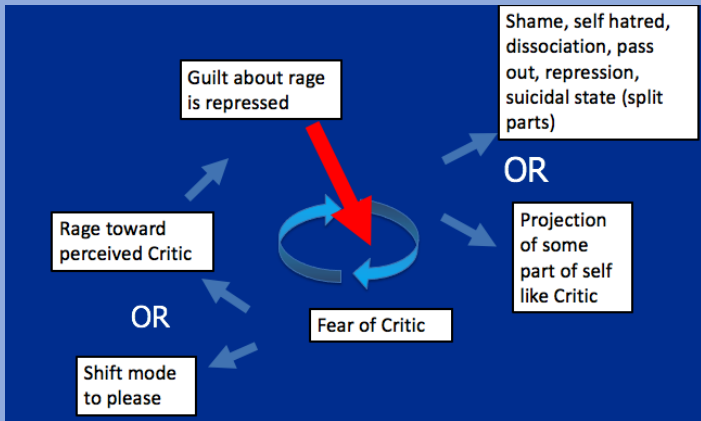
Identify and thwart Cycles

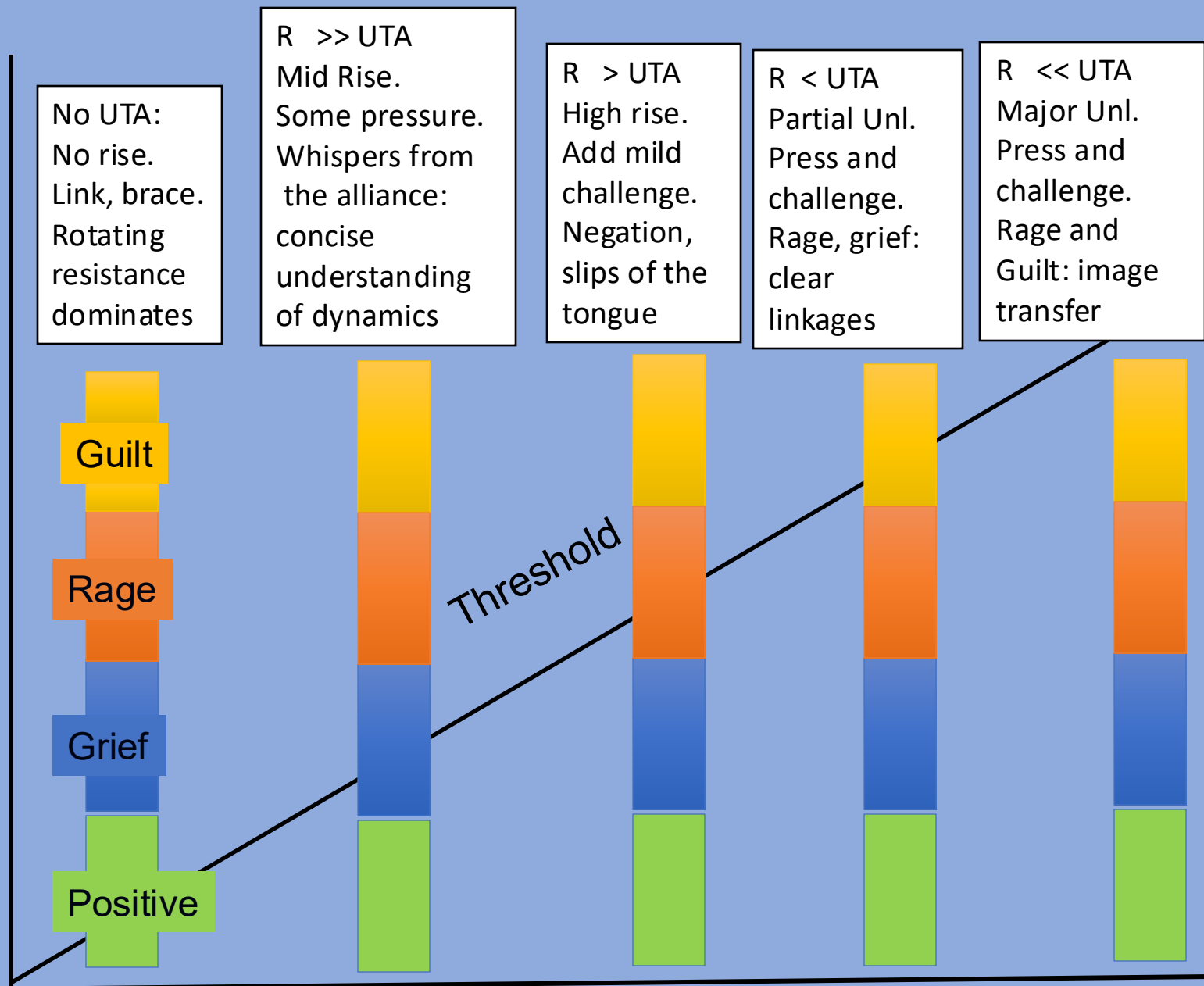


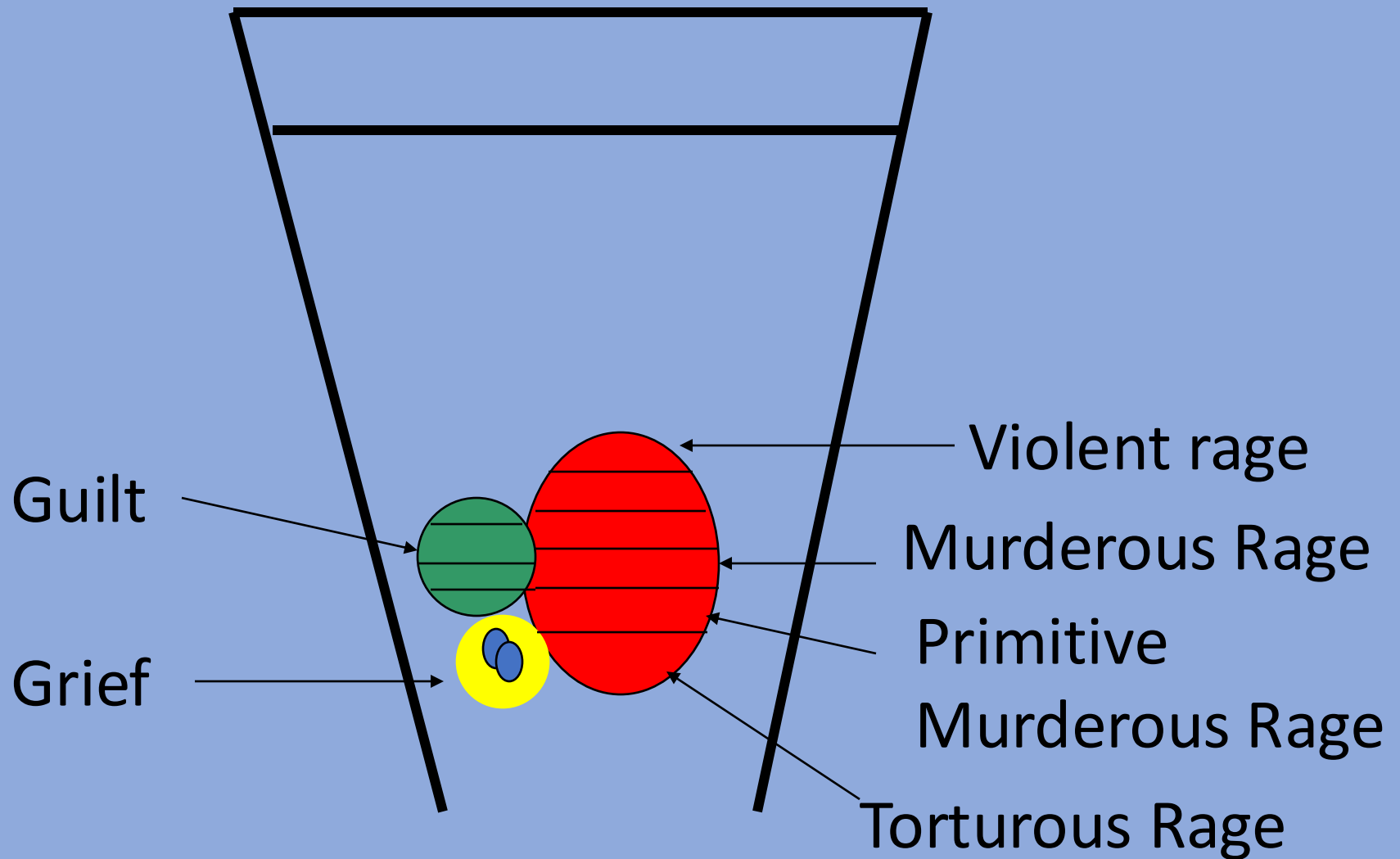
Fragile Spectrum











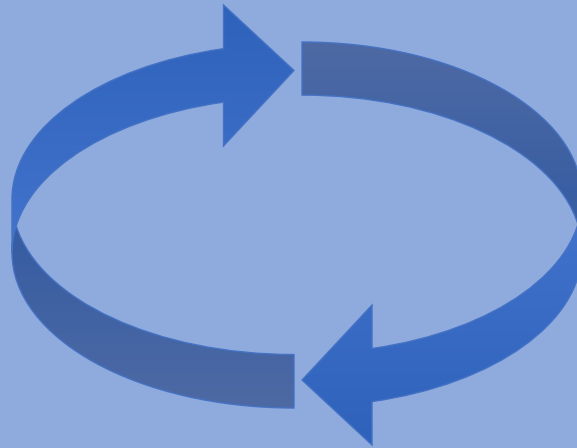
Unlockings in previously fragile cases

- 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

Cycles of gains and emotion Mobilization

Experience Rage
and guilt

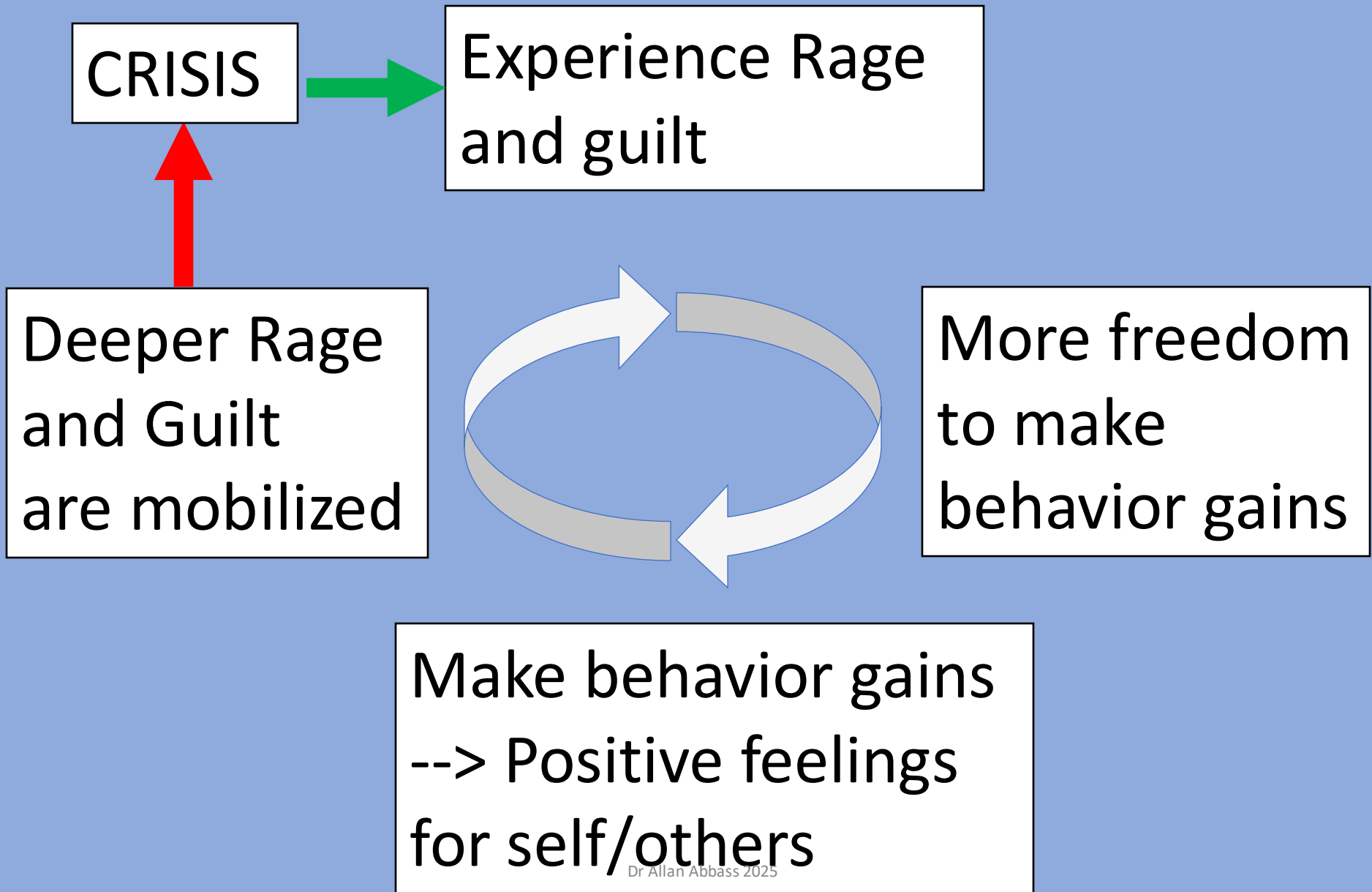
Deeper Rage
and Guilt
are mobilized



More freedom
to make
behavior gains

Make behavior gains
--> Positive feelings
for self/others

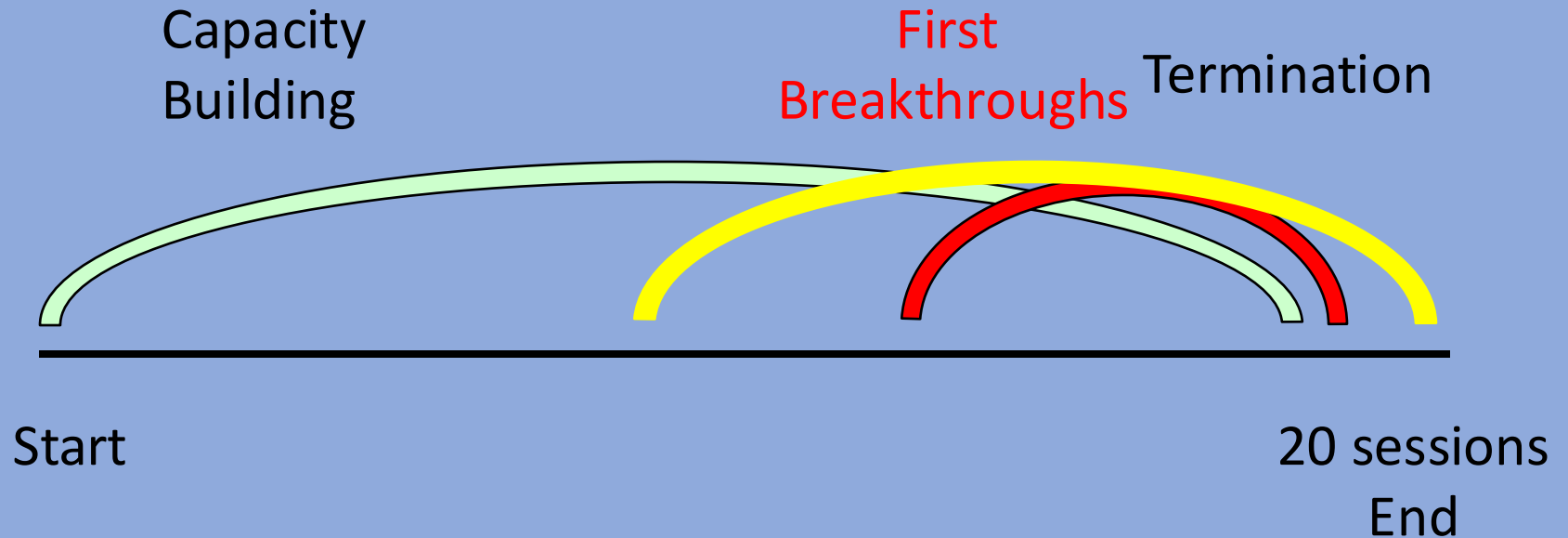
Cycles of gains and emotion mobilization/ crisis

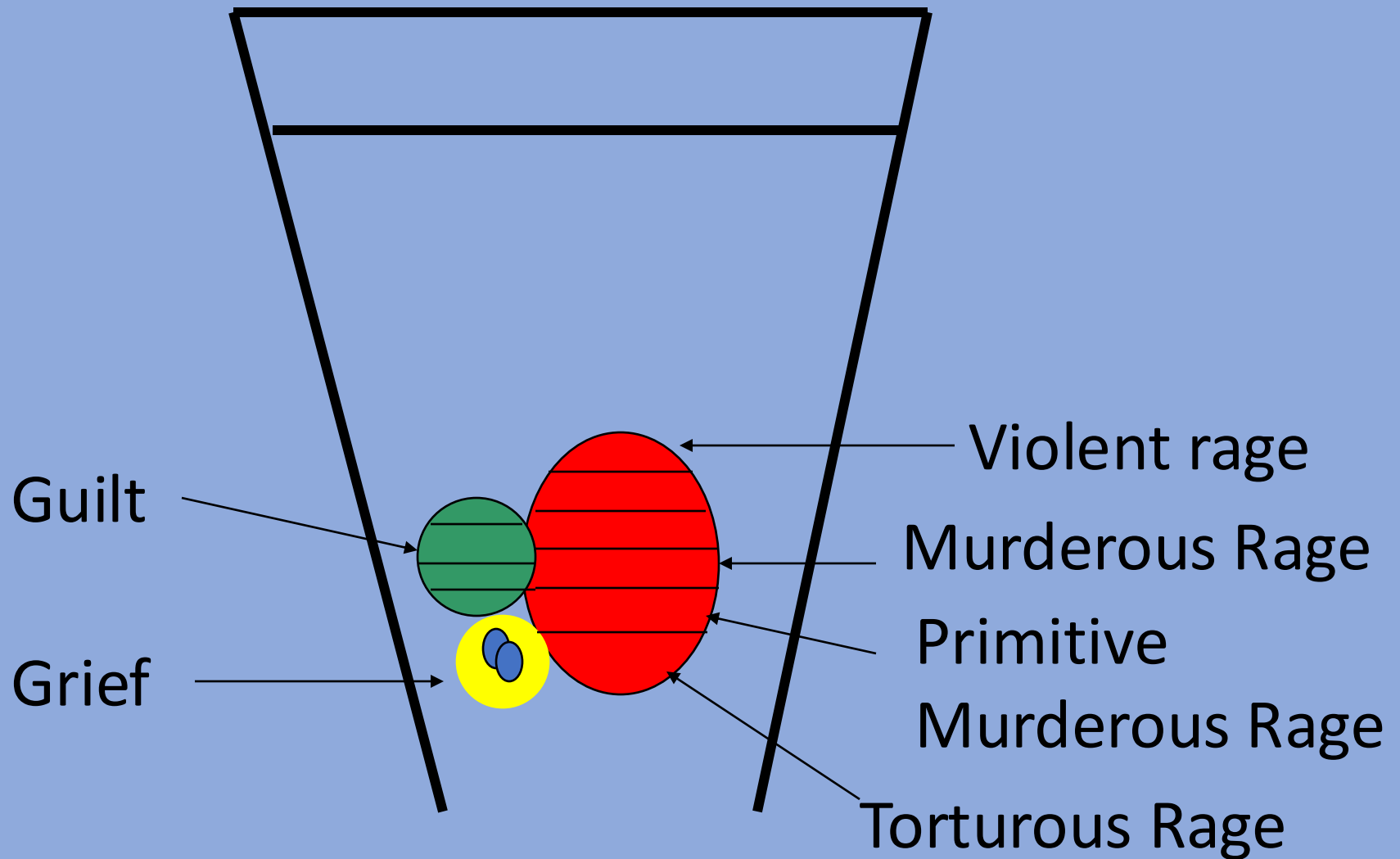


Termination Phase

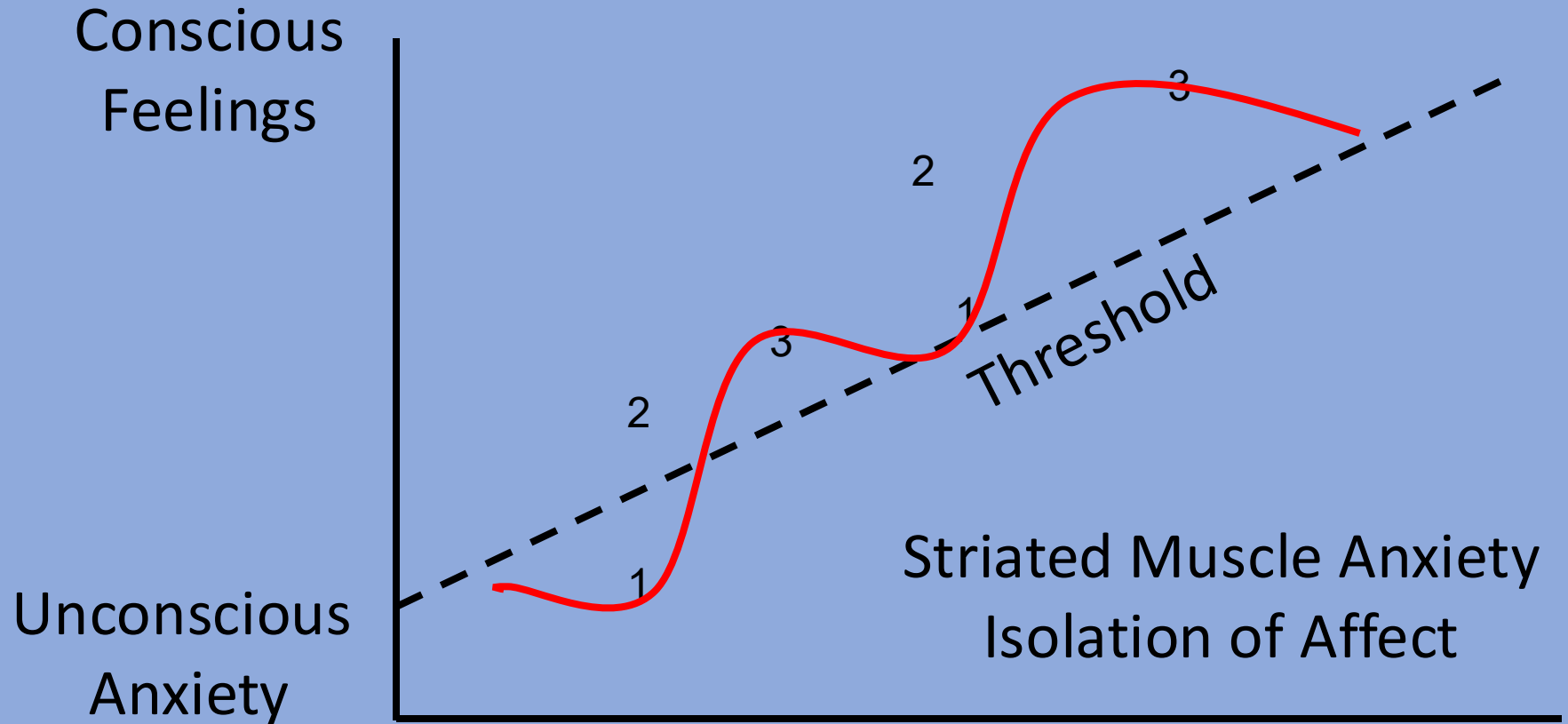
- In longer term cases phase is several months long
- Looking ahead in life
- Functioning or on the way
- Looking to intimate relationships
- Empathy and guilt about leaving family behind
- Grief about loss of therapist
- Grief about past losses
- Maybe few pockets of rage and guilt but mostly grief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

Course of Time Limited ISTDP with Fragile Patients



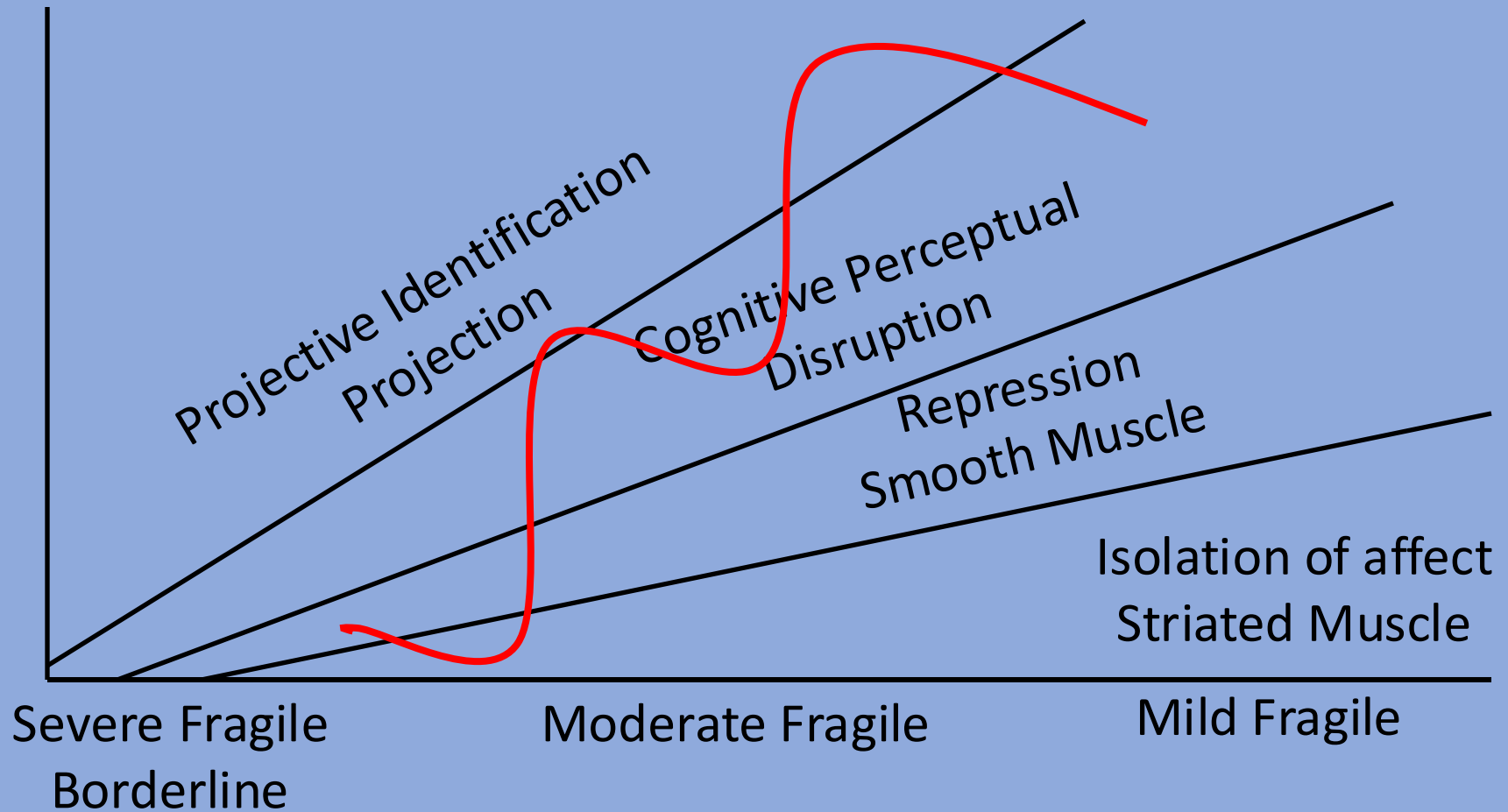


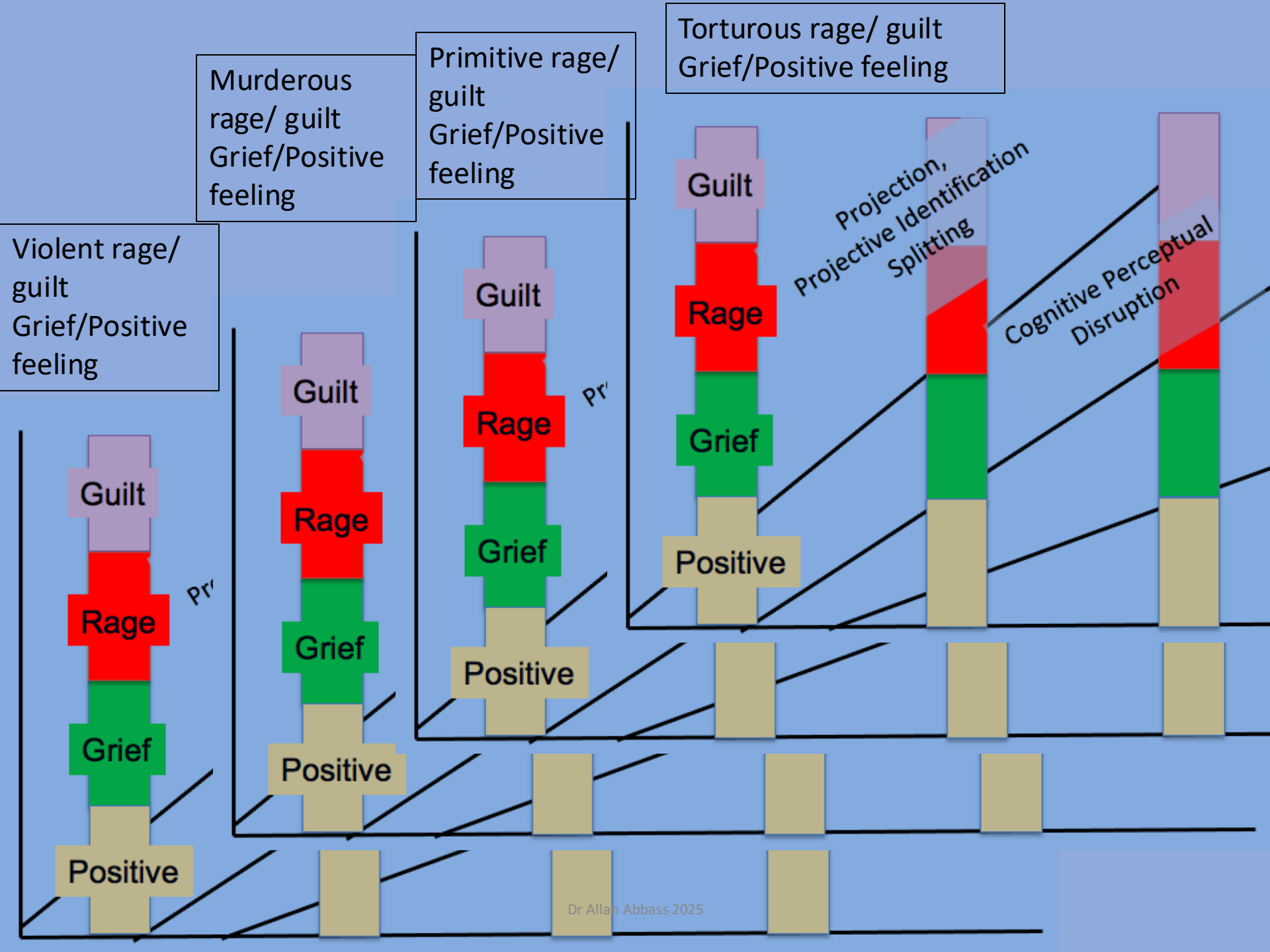
Focus on Guilt: Immersive Approach to Building Capacity



1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

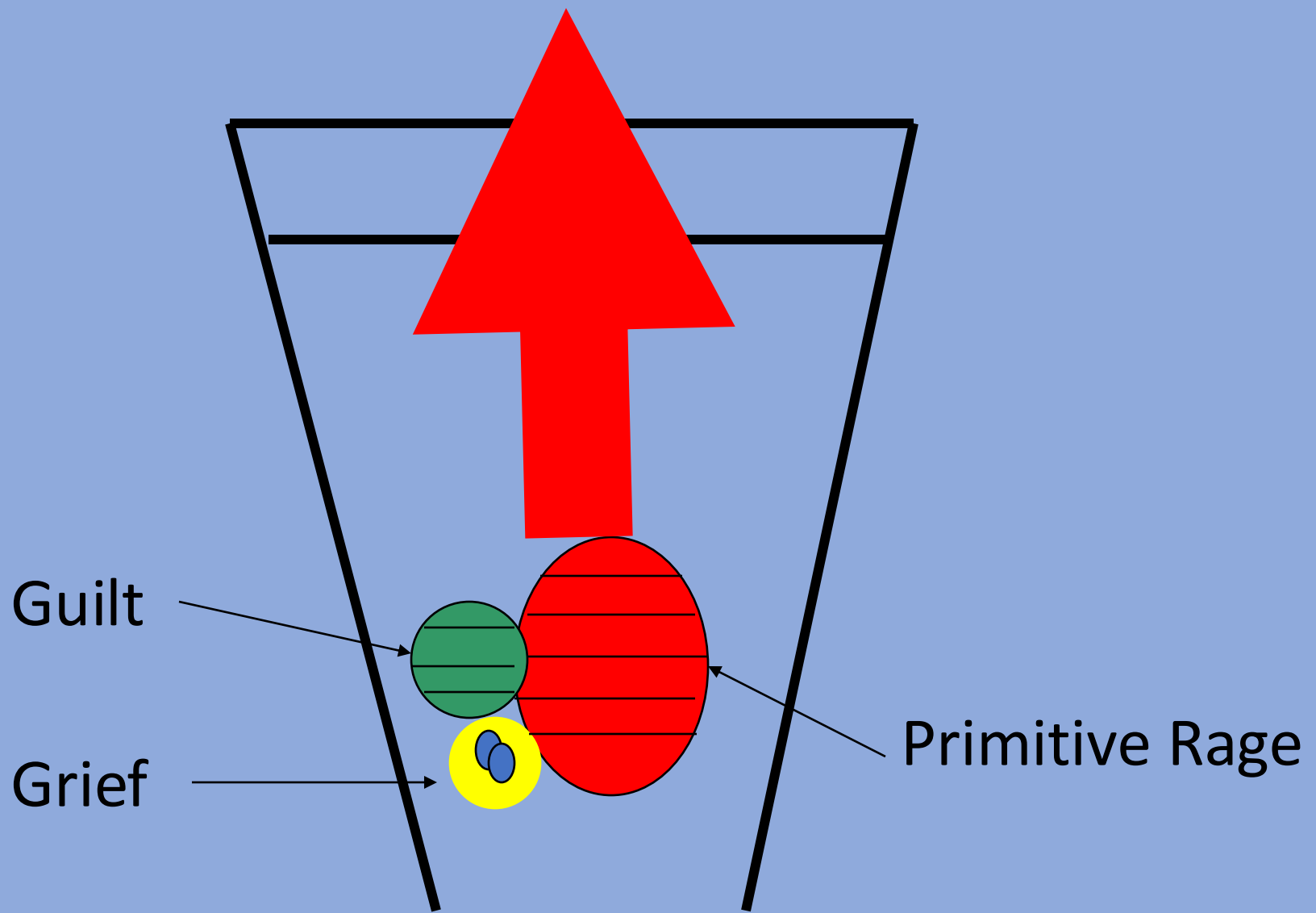
Fragile Spectrum

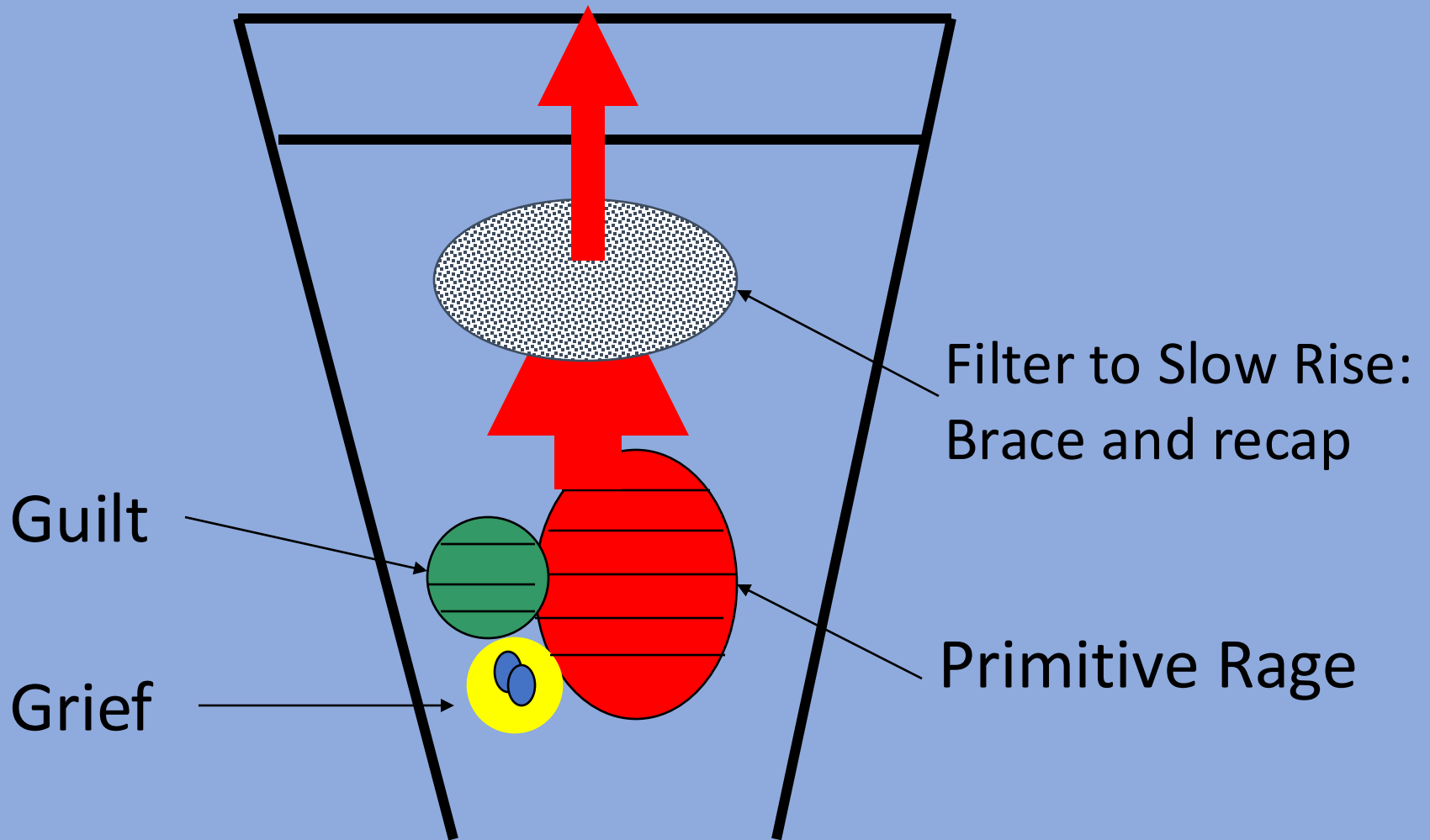


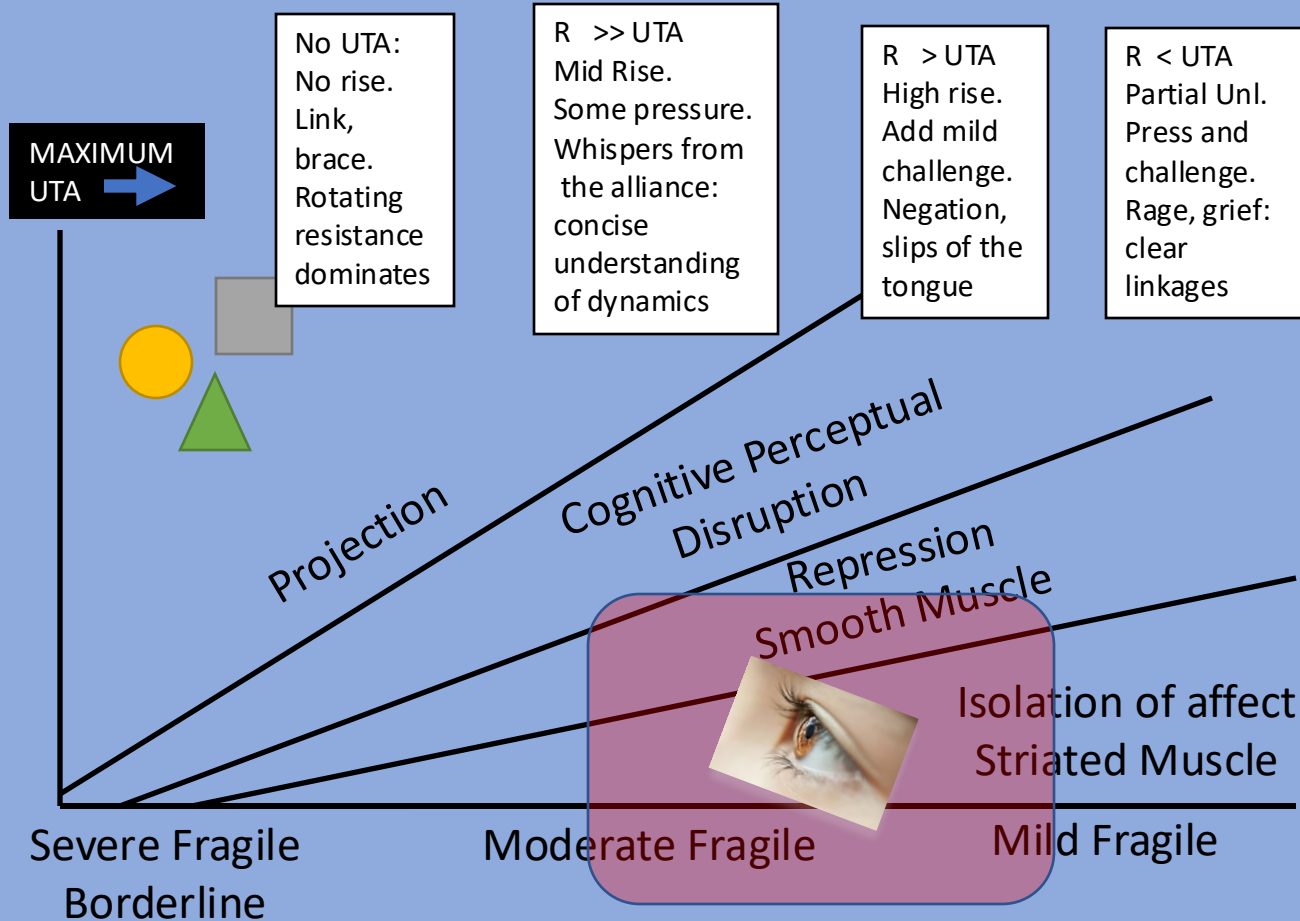


Breakthrough

- 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





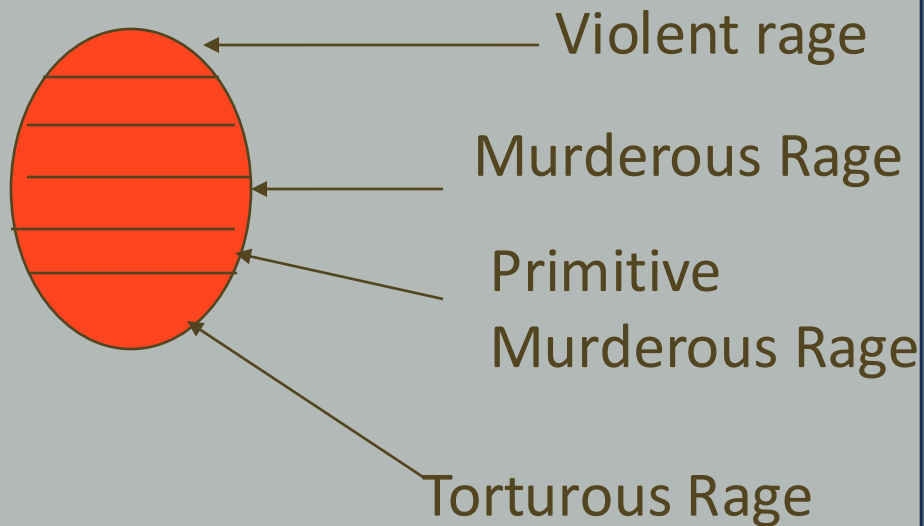


Where is the Punitive Superego

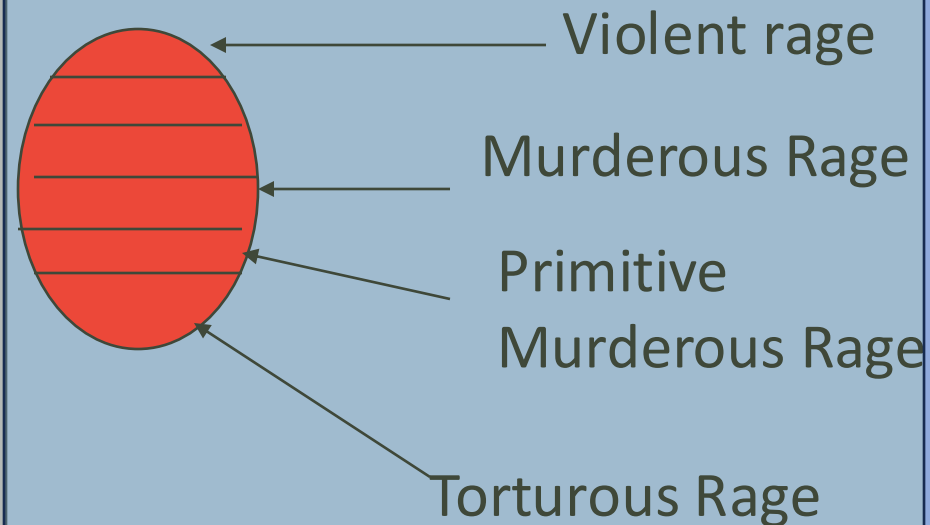
- Self attack in the split BPD patient is not PSE
- One part harming other part of self is not PSE
- One part attacking another part is not PSE
- *The entire splitting, projecting, repressing, dissociation system combined is the manifestation of PSE coupled with developmental deficits!*

Layers of rage guilt differ with different people

Mother sister, abusers



Husband



Father, medical system

