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Curing My 'ISTDP Attachment Disorder'



LEARNERS CORNER

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Introduction

Having trained for years in Intensive Short-term Dynamic Psychotherapy (ISTDP) in the United States, and connected to other trainees in the US, I have observed that many report the training experience to be incredibly difficult and lonely. This might be obvious to the readers of this journal, but I want to put words to this often-hidden experience in ISTDP training. I hope to help defeat any feelings of suffering alone, normalize how ISTDP sessions may not look flashy, validate how incredibly hard the model can be, and help others avoid feeling disheartened while working to be a relentless healer (Davanloo, 1980).

Not only is ISTDP training difficult in its precision, depth, and necessary skill, but it also demands significant emotional and relational resources of the therapist (Coughlin, 2017). I found that in my process of being drawn to such a powerful modality, I was unaware of how much it would push me. In

contrast to the fantastic presentations often shown at conferences or seminars, I struggled to see these results in my practice, which often resulted in feeling alone in my failures. When I shared this with other ISTDP colleagues, I heard a similar sentiment, validating my experience but also revealing a common thread. ISTDP can trigger a painful and destructive fantasy in therapists, alluring trainees to a sense of power and effectiveness that rejects the reality of personal limitations. Rather than learning to see this as a necessary part of the training process, I saw it as a failure of my own doing, creating a very painful ISTDP training experience. While I imagine there are some practitioners who will not resonate with my experience, there are others who may find it validating and relatable. I would ask that the reader be open to the experience I present here, even if it is different to their own, in order to celebrate plurality and learn from a diversity of voices.

Allure

My first exposure to ISTDP was at a one-day conference held at a local psychoanalytic institute, where I watched a video of a masterful clinician helping a patient achieve miracle-like results from psychotherapy. I was floored. It made me reconsider how I conceived psychotherapy altogether. I felt shock and awe at seeing the impressive outcome of this video, which aligns with the research showing ISTDP can have a strong level of effectiveness for various patient populations (Abbass et al., 2012; Caldiroli et al., 2020). These effective results continue to allure trainees and patients to ISTDP. However, I believe that the combination of ISTDP treatment effectiveness, and its theoretical clarity, can be a double-edged sword cutting both ways toward healthy therapeutic skill development, and also unhealthy omnipotent fantasy.

Within myself, and in many therapists, is a deep desire to be a healer; someone powerful enough to mend the brokenhearted. This force can be necessary to help push us through the rigor of so much education and training. However, on each side of a narrow pathway of healthy therapeutic development, there is a well-greased slippery slope into a fantasy of omnipotence.

After seeing videos of a patient's emotional and physical healing from ISTDP, I was unknowingly allured into the fantasy that started my *ISTDP attachment disorder*, as "an excessive attachment and reliance on the idea that you have to fac-

ilitate unlockings of the unconscious with every patient in every session, where the technique eclipses the actual and genuine emotional contact and engagement with the patient" (J. Kieding, personal communication, February 7, 2023). In my early years of learning, I blindly attached to an idealization of the ISTDP model as the panacea to suffering (Abbass, 2022). I thought that if I just learned the model, then I would also be able to be as effective as the other ISTDP therapists I had seen in videos. However, I didn't realize how my fantasy blinded me from seeing and valuing my own authentic contributions in therapy.

After completing my doctorate in clinical psychology, I finally committed to a core training with much excitement. In line with my idealized fantasy, I saw only the good pieces of ISTDP, idealized my trainer, devalued other models as inferior to ISTDP, inflated how effective I believed I could be, and denied looking at my own shortcomings as I continued to practice. The training was so enjoyable, and helped me learn so many foundational pieces of ISTDP, that I was blinded to the idealizing/devaluing split which I had developed during my first year of training. While I enjoyed the idealized fantasy of ISTDP, I was clouded from seeing how my idealization set me up to painfully devalue myself once I was incapable of making the fantasy come true.

Disenchantment

As I continued my training, the pain of my self-devaluation started to sting. Despite my committed efforts to review videos and apply skill-building exercises, I was not seeing anticipated (idealized) results. I was anxious during sessions. I doubted and harshly judged my work. When I presented cases in supervision, I saw my blind spots and my limitations which just fueled the punitive judge inside me. I doubled down and believed that if I just did the interventions right, then I would see the fireworks. I dismissed my anxiety in session and further committed to my idealized fantasy, and to the words, verbal tone, and rigid focus of what I thought an ISTDP therapist would do. When I wasn't getting results or catching each intervention, my thoughts became overly critical, harsh, and self-deprecating about my work. This punitive ISTDP superego voice continued to attack me in session, pointing out what I was doing wrong, and punishing me even as I was trying to be present with a patient in session. This idealization/devaluation split backlashed significantly as I started to lose patients, and lose myself. My patients did not feel understood or supported, but rather backed into a corner by defense identification interventions that could feel like criticisms. Since I was characterizing my naturally warm, empathic, and caring stance as weak and ineffective within the frame of the ISTDP model, I devalued and lost important aspects of myself. When I lost these fundamental parts of my

therapist self, my patients felt it too and found someone else to help them. I thought I was a failure and my mood suffered. My practice was also suffering. I believed I didn't have what it took to be effective, but somehow others did. Confronted with the consequences of my idealization, I still refused to see the invitation implicit within this reality. Rather, I devalued myself as a punishment for falling short of my fantasy.

Fed up, I flirted with giving up, and I stepped back from "trying" ISTDP. I was encouraged by another supervisor and mentor to return to "being me" in the therapy room again. This was some of the wisest and corrective advice I received throughout my whole training. It was so simple. I had abandoned my authentic self for the fantasy of an ISTDP replacement of myself. When I gave up trying to pursue the fantasy, I was able to catch my bearings and reorient myself in the therapy room, realizing that I had believed I needed to leave myself out of the therapy room as I learned ISTDP. It is in this belief, that we are sometimes allured to be an ideal "ISTDP therapist," or a mimicry one of the masters in the field, that is incredibly dangerous. We do this to the detriment of ourselves. Yes, there is benefit from learning from theory and from each supervisor. However, there is an insidious temptation to abandon ourselves and adopt a false, idealized version of who we could be if we just did ISTDP right.

Freedom

When I returned to accepting myself, accepting my limits, and accepting my unique relational dynamics, I found something remarkably obvious: I helped people. How did I forget this along the way in my ISTDP training when I had maintained this view for years prior to my training? I believe it has something to do with the allure to the omnipotent fantasy in ISTDP, and how that fantasy leads to an idealizing/devaluing split. I forgot that healing can happen without a major unlocking to the unconscious. The sky can still reveal its beauty without the presence of fireworks. I also discovered that I was able to address my own defenses and mixed feelings in response to the ISTDP training process. In that learning process, I was unaware of how my own relational wounds had evoked defensive responses in me, like striving to be great in order to be accepted, or to be irresistibly effective with my patients to avoid their rejection. When my patients rejected my care or abandoned treatment, my fears came true, and I believed it was my failure to effectively translate ISTDP into action. I believed in the omnipotent fantasy;

that if I just said the right thing then no one would leave me, and everyone could get better. I had to accept the reality that I was limited, and I could not help everyone. What I realized was that by accepting the reality of my limitations, I was freed to accept my wounds and how they can be used for bi-directional healing, offering healing to my patients as well as addressing areas for my own healing. In other words, by accepting myself and my reality, I could then accept my patients and their reality. I had to face the truth that my patients might abandon me or devalue me, despite how hard I worked to convince them to accept my care. I had to see how little power I had to keep a patient from using their relational patterns to distance from me. When I was able to accept this, I could continue to care and offer them the opportunity to see their destructive distancing patterns so that we could work together toward their healing.

Acceptance does not necessitate complacency, but rather it fosters a freedom to see my limitations in tension with my desire to deepen my skills, and my belief that I can help.

When my omnipotent fantasy started to crack, my anxiety decreased, and I started to feel like myself in session again. I realized that I would never look like my supervisors, or sound like Davanloo, but I could offer myself. This freedom has left me with a profound appreciation of ISTDP, which continues

to deeply inform my work. I still study and train to continue developing my craft, but I do so in a manner that is attuned to my wounds and how I can slip into a punitive, splitting position to avoid looking at the feelings that they unconsciously evoke when working with patients.

Conclusion

It may benefit supervisors and trainees to continue to discuss the limitations of ISTDP, psychotherapy, and psychotherapy training. It may be helpful to be mindful of the temptation to view treatment as problematic if there are not dramatic and presentation-worthy encounters, and emphasize that a therapist can be effective without achieving major unlockings to the unconscious with their patients. My hope is that others may also find some community in the difficulty of ISTDP, and freedom to value themselves as we pursue this calling to be relentless healers.

I believe that the plurality of ISTDP is necessarily afforded by therapists' fundamental acceptance of their whole selves, which includes our wounds, personalities, emotions, skills, etc. I am not indicating that there is a free license to call anything ISTDP, or reject the cohesion of the model, but that each of us may need to adamantly reject the sense that there is only one "correct" way of ISTDP treatment. Further, accepting my

subjective collision with learning and practicing ISTDP is an invitation to further my own healing, which is something that can be eclipsed if I am pushed to abandon myself to become a fantasized representation. With a conscious and intentional counter to this idealization of ISTDP, I can accept the freeing reality of plurality and seek to clearly see my wounds in my training. Rather seeing my hurt as something to be avoided, I can face my painful defenses, mixed feelings, and relational patterns that inevitably arise in ISTDP training to heal from them. Perhaps working through my own wounds is also necessary to see the limitations of ISTDP, or any abstracted therapy model, and to avoid fostering an ISTDP attachment disorder. It is only when I can face my defensive allure to ISTDP, that I can become disenchanted by the fantasy, and then embrace my freedom to accept myself, and the model as a powerful, yet limited, form of therapy.

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