

ISTDP is a Functional Analytic Psychotherapy

THEORY & PRACTICE



ROBERT JOHANSSON

PHD, DEPARTMENT OF PSYCHOLOGY, STOCKHOLM UNIVERSITY, STOCKHOLM, SWEDEN

Abstract

In this paper, I describe and analyze Intensive Short-Term Dynamic Psychotherapy (ISTDP) from the perspective of Functional Analytic Psychotherapy (FAP), a behavioral psychotherapy explicitly emphasizing the therapeutic relationship as the primary context for clinical intervention. I propose that FAP can be understood as a generalized system of behavioral psychotherapy, characterized by procedural guidelines (“FAP’s Five Rules”) derived from operant conditioning principles. Further, I demonstrate that ISTDP, despite its psychoanalytic origins, procedurally fulfills the criteria of this generalized behavioral system, particularly through its structured use of contingent responding (Pressure, Challenge, Head-On Collision) within therapeutic interactions. ISTDP’s implicit universal conceptualization of emotional health – emphasizing adaptive emotional experiencing, expression, and interpersonal closeness – is explicitly articulated within the behavioral framework. Highlighting complex clinical phenomena of ISTDP, such as emotional breakthroughs (“unlockings”) and the expressions of the Unconscious Therapeutic Alliance (UTA), I argue that these phenomena challenge purely operant behavioral explanations and thus suggest the potential benefit of integrating advanced behavioral theoretical frameworks like Relational Frame Theory. The paper discusses implications for theoretical advancement, clinical practice refinement, and improved empirical research in ISTDP.

Keywords: ISTDP, Functional Analytic Psychotherapy, Learning Psychology, Operant Conditioning, Psychotherapy Integration, Emotional, Breakthroughs, Relational Frame Theory

CORRESPONDENCE

Correspondence concerning this article should be addressed to Robert Johansson, Department of Psychology, Stockholm University, Stockholm, Sweden. E-mail: robert.johansson@psychology.su.se

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Psychotherapy integration remains a significant catalyst for theoretical development, empirical advancement, and enhanced clinical effectiveness. Two psychotherapeutic approaches that explicitly emphasize the therapeutic relationship as the central context for facilitating therapeutic change are Functional Analytic Psychotherapy (FAP) (Kohlenberg & Tsai, 1991; Tsai et al., 2009) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) (Davanloo, 2000, 2001). Historically, these therapies have emerged from distinct theoretical traditions – FAP from behavior-analytic foundations rooted in operant conditioning and functional learning psychology, and ISTDP from psychodynamic traditions emphasizing unconscious emotional conflicts and emotional breakthroughs.

This paper argues that ISTDP, despite its psychoanalytic origins, can be fruitfully reinterpreted and understood as a *generalized behavioral psychotherapy* – specifically, as a *form of Functional Analytic Psychotherapy*. To substantiate this argument, the paper first clarifies that FAP should not be limited to a specific therapeutic technique, but rather viewed as a comprehensive behavioral psychotherapy system guided by clear procedural rules that systematically utilize therapeutic rela-

tionship dynamics. Subsequently, ISTDP is described, focusing explicitly on its procedural elements (Pressure, Challenge, Head-On Collision, and major emotional breakthroughs, etc.) and its implicit universal conceptualization of emotional functioning and psychopathology, that I argue can be captured by Leigh McCullough's formulation of emotional authenticity and interpersonal effectiveness (Vaillant, 1997). The procedural alignment between ISTDP and the criteria defining generalized FAP is then demonstrated explicitly.

Finally, the paper discusses the theoretical, clinical, and practical implications of explicitly recognizing ISTDP as a form of FAP. It is argued that ISTDP's characteristic clinical phenomena – such as unlocking the unconscious – challenge purely operant conceptualizations, highlighting the potential need to enhance the account with more advanced behavioral psychology concepts, such as those provided by Relational Frame Theory. The proposed integration thus offers meaningful enhancements to both psychotherapy traditions: ISTDP benefits from greater empirical clarity and theoretical rigor, while behavioral approaches gain deeper insights into complex emotional and relational phenomena central to therapeutic change.

Learning Psychology

Learning psychology, specifically functional learning psychology, focuses fundamentally on *ontogenetic adaptation* – the process by which an individual's behavior adapts based on regularities in their environment experienced throughout their lifetime (De Houwer & Hughes, 2020). From this functional perspective, *learning* is explicitly defined as a change in behavior due to environmental regularities. Central to functional learning psychology is the principle of *operant conditioning* (as a type of learning), which emphasizes the influence of the consequences of behavior on future occurrences of that behavior.

Key concepts of operant conditioning, as defined from this perspective, include:

- **Operant conditioning:** Changes in behavior resulting from regularities involving behavior and its consequences.
- **Reinforcement:** An increase in the frequency of a behavior due to the presence of a consequence following that behavior.
- **Punishment:** A decrease in the frequency of a behavior resulting from the consequence that follows it.
- **Extinction:** A decrease in the frequency of previously reinforced behavior once reinforcement is discontinued.
- **Avoidance:** An increase in behavior frequency due to the

fact that the behavior prevents or reduces the probability of an aversive stimulus occurring.

- **Stimulus control:** Situations where a stimulus influences the frequency of a behavior by signaling the presence or absence of consequences.
- **Shaping:** The emergence of new instances of operant behavior through reinforcement of successive approximations to a desired behavior.
- **Generalization:** The observation that changes in the probability of a target behavior can also lead to changes in the probability of similar behaviors or responses in similar contexts (De Houwer & Hughes, 2020).

Recent developments in functional learning psychology have also expanded beyond the classical operant framework to include advanced theoretical models such as Relational Frame Theory (RFT) (De Houwer & Hughes, 2020; S. C. Hayes et al., 2001). RFT explicitly addresses complex psychological phenomena involving derived relational responding – learning that emerges through indirect relations rather than direct reinforcement alone. This approach significantly enhances the explanatory power of behavioral accounts for more complex forms of

cognition, symbolic processing, and emotional responding.

A clear understanding of these foundational concepts within learning psychology provides critical context for appreciating

the procedural alignments and theoretical contributions discussed between ISTDP and Functional Analytic Psychotherapy in this paper.

Functional Analytic Psychotherapy

Functional Analytic Psychotherapy (FAP) is a psychotherapy deeply grounded in functional learning psychology, emphasizing the principles of operant conditioning (Kohlenberg & Tsai, 1991; Tsai et al., 2009). Central to FAP is the assumption that an individual's behavior patterns develop due to historical contingencies of reinforcement experienced primarily within interpersonal relationships. Consequently, therapeutic improvements within FAP are understood as resulting directly from contingencies of reinforcement occurring within the therapeutic relationship itself. From this perspective, the therapeutic relationship becomes a critical context for predicting and influencing clinically relevant behaviors (Kohlenberg & Tsai, 1991).

FAP explicitly emphasizes the establishment of a genuine, caring, and emotionally sensitive therapeutic relationship as the most potent mechanism facilitating behavior change. Within this therapeutic context, FAP specifically targets behaviors occurring during therapy sessions, termed Clinically Relevant Behaviors (CRBs). CRBs are explicitly defined in relation to therapeutic goals and can be categorized as problematic behaviors (CRB1), client improvements (CRB2), and client insights or interpretations of behavior (CRB3) (Kohlenberg & Tsai, 1991; Tsai et al., 2009). To effectively manage CRBs, FAP proposes five procedural rules:

Rule 1: Watch for CRBs. This involves therapists mindfully observing and tracking interactions to identify CRBs. For example, the therapist carefully notes when a client suddenly shifts topics after expressing sadness, recognizing this as a potential instance of emotional avoidance (CRB1).

Rule 2: Evoke CRBs. This rule encourages therapists to intentionally structure interactions to evoke clinically relevant behaviors. Strategic actions are taken to actively bring CRBs into the therapeutic setting, thereby providing direct opportunities for therapeutic intervention. For instance, a therapist might gently invite a client to discuss feelings toward the therapist, deliberately evoking interpersonal anxiety or avoidance behaviors (CRB1) to facilitate direct therapeutic work.

Rule 3: Respond Contingently to CRBs. Initially, this rule focused primarily on naturally reinforcing client improvements (CRB2s) through authentic therapist responses designed to

strengthen desirable behaviors. However, the modern conceptualization of Rule 3 explicitly includes contingent responding to all CRBs.

Therapists, therefore, also address problematic behaviors (CRB1s) directly within sessions, using responses that can decrease their likelihood, thus creating opportunities for alternative, healthier behaviors. For example, when a client openly expresses vulnerability (CRB2), the therapist might authentically acknowledge and warmly reinforce this openness. Conversely, if the client deflects or withdraws emotionally (CRB1), the therapist may gently but clearly point out the distancing behavior.

Rule 4: Observe the Impact of Therapist Behavior. Therapists are encouraged to closely monitor and assess the reinforcing or punishing effects of their contingent responding. Such ongoing observation helps therapists continuously refine their interactions to enhance therapeutic effectiveness. For instance, a therapist might notice that offering immediate reassurance after a client's anxious remark inadvertently increases avoidance behavior, prompting the therapist to adjust their responses to better facilitate emotional exploration.

Rule 5: Provide Functional Interpretations and Generalize Improvements. This rule emphasizes the importance of explicitly discussing and interpreting the antecedents and consequences of CRBs observed in sessions. Therapists provide clients with clear interpretations and help generalize session-based improvements to real-life contexts. "In-to-out" parallels and homework assignments based on session experiences exemplify strategies intended to reinforce behavioral changes outside therapy sessions (Kohlenberg & Tsai, 1991; Tsai et al., 2009). For example, after successfully practicing assertiveness within a therapy session (CRB2), the therapist might suggest that the client apply this skill in interactions with family members during the following week, thus promoting generalization of therapeutic gains.

Idiographic and Universal Case Conceptualizations in FAP

FAP traditionally emphasizes individualized (idiographic) case conceptualizations, with CRBs explicitly defined by each client's

unique therapeutic goals. However, efforts to identify potential universal case conceptualizations within FAP have emerged (Bonow et al., 2012). Universal conceptualizations propose consistent therapeutic targets such as reducing experiential avoidance, improving attachment, enhancing intimacy, and increasing emotional expression and interpersonal effectiveness. One comprehensive example of a proposed universal conceptualization is the Functional Idiographic Assessment Template (FIAT) system (Callaghan, 2006), which delineates five broad domains of adaptive interpersonal functioning:

- **Assertion of Needs:** Authentically asserting one's thoughts, feelings, and needs in an appropriate, compassionate manner.
- **Bi-Directional Communication:** Recognizing and appropriately responding to the impact of one's behavior on others, and vice versa.
- **Conflict:** Engaging in healthy conflict and effective conflict resolution with others.
- **Disclosure and Interpersonal Closeness:** Appropriately sharing about oneself and fostering intimate, loving relationships (giving and receiving love).

- **Emotional Experience and Expression:** Openly experiencing and expressing one's feelings with others (Callaghan, 2006).

While such FIAT-based templates provide a structured portrait of therapeutic targets, FAP generally maintains its focus on individualized, client-centered case conceptualizations, recognizing that any universal template may not fully capture each client's unique context and values.

FAP as a Generalized Psychotherapy System

Importantly, FAP can be viewed not merely as a standalone therapeutic approach but as a *generalized system of behavioral psychotherapy*. Under this conceptualization, any therapy explicitly employing these five rules, clearly defining CRBs, and utilizing the therapeutic relationship for behavioral change could be considered *an instance of a Functional Analytic Psychotherapy*. Such an expansive view offers considerable advantages, including clear operational definitions of treatment targets, improved experimental control over therapeutic processes, and enhanced clarity for empirical research on mechanisms of change.

Intensive Short-Term Dynamic Psychotherapy

Intensive Short-Term Dynamic Psychotherapy (ISTDP) is a psychotherapeutic method originally developed by Habib Davanloo (Davanloo, 2000, 2001). ISTDP emerged as an innovative response to limitations observed in traditional psychoanalytic therapy, particularly the prolonged duration and modest effectiveness observed by Davanloo in classical psychoanalytic practice. Inspired initially by earlier short-term dynamic therapies, ISTDP uniquely emphasizes rapid and intensive emotional activation within the therapeutic relationship as a central mechanism of therapeutic change (Davanloo, 2001; Johansson et al., 2014).

Central to ISTDP is the deliberate and systematic mobilization of unconscious emotional conflicts, predominantly through three key intervention techniques: Pressure, Challenge, and Head-On Collision. Each of these interventions serves a specific procedural function within therapy:

Pressure

Pressure involves the therapist systematically and persistently directing the patient's attention toward avoided emotional experiences, particularly those being actively defended against in the therapeutic interaction (Davanloo, 2001). Rather than making requests, the therapist maintains a focused and sustained inquiry into the patient's feelings and defenses,

intensifying emotional engagement and raising intrapsychic tension. By persistently highlighting and clarifying defenses as they manifest, Pressure mobilizes the patient's complex transference feelings and resistance, thereby creating optimal conditions for the emergence of deeper emotional experiences previously inaccessible to the patient.

Throughout this process, the therapist carefully monitors the patient's emotional response and anxiety tolerance, adjusting the level of intervention accordingly (Davanloo, 2001).

Challenge

When initial pressures mobilize defenses (referred to as crystallization of the resistance), therapists utilize Challenge interventions (Davanloo, 2001). Challenge explicitly clarifies and highlights these defenses within the therapeutic relationship, systematically underscoring their detrimental effects and limitations. This approach ranges from mild clarification to highly explicit and firm interventions, depending on the strength and persistence of the defenses. Challenge aims to intensify internal tension between the patient's defenses and the unconscious therapeutic alliance, thus facilitating deeper emotional breakthroughs and increased insight into the cost and function of maintaining these defenses.

Head-On Collision

Head-On Collision represents the most intense form of Challenge in ISTDP, involving a direct and explicit confrontation of the patient's entrenched defenses within the therapeutic relationship (Davanloo, 2001). Through this intervention, the therapist vividly highlights the self-destructive nature of the patient's defenses, emphasizing their cost to the patient's life and relationships, and underscoring the importance of confronting and overcoming these resistances. The therapist maintains a respectful but firm stance, intentionally conveying a lack of sympathy toward the defenses (not the patient), to mobilize the patient's own unconscious therapeutic alliance against these destructive defenses. This intervention often creates significant intrapsychic tension, intensifying the internal conflict between the patient's resistance and their underlying desire for emotional freedom, thereby facilitating a direct experiential breakthrough and unlocking deeper emotional experiences within the therapeutic relationship (Davanloo, 2001).

Anxiety Tolerance and Graded Format

Throughout ISTDP, interventions are carefully titrated according to the client's capacity to tolerate anxiety. For clients with fragile ego structures or low anxiety tolerance, ISTDP employs a *graded format*, wherein Pressure and Challenge are applied more gradually and cautiously to avoid overwhelming the client (Whittemore, 1996).

By staying within an optimal anxiety arousal zone, the therapist prevents excessive anxiety or dissociation that could disrupt the therapeutic process. This approach also allows the Unconscious Therapeutic Alliance (UTA) – the client's inner, healing force and unconscious motivation to engage in therapy – to emerge more strongly once excessive anxiety is regulated and defensive barriers are lowered. Mobilizing the UTA is considered critical in ISTDP, as it represents the patient's internal drive toward healing and cooperation that, when harnessed, fuels the deep emotional breakthroughs or “unlockings” characteristic of ISTDP.

The Central Dynamic Sequence

ISTDP interventions typically follow a structured sequence known as the Central Dynamic Sequence, summarized briefly as follows (Davanloo, 2001):

- **Inquiry:** Assessing the client's presenting problems and initial responses to therapeutic engagement.
- **Pressure:** Mobilizing resistance and identifying emotional and defensive responses.
- **Challenge:** Actively confronting crystallized defenses hindering the therapeutic process.
- **Transference Resistance:** Intensifying interventions to confront persistent defensive patterns explicitly within the therapeutic relationship, typically through Head-On Collisions.
- **Direct Access to the Unconscious:** Facilitating major emotional breakthroughs (unlocking the unconscious), characterized by intense emotional imagery and expression, ranging from rage and guilt to grief and love.
- **Systematic Analysis of Transference:** Explicit analysis and interpretation of transference dynamics and their emotional and somatic correlates, enhancing insight and emotional clarity.
- **Dynamic Exploration and Consolidation:** Further exploring newly accessed unconscious material, reinforcing therapeutic gains, and ensuring effective generalization outside therapy sessions (Davanloo, 2000, 2001).

Implicit Universal Case Conceptualization in ISTDP

Arguably, there is an implicit universal case conceptualization within ISTDP, emphasizing emotional authenticity, the capacity to experience and express adaptive emotions such as anger, sadness, joy, and tenderness, and the ability to establish meaningful interpersonal connections. Leigh McCullough succinctly captures this universal conceptualization, stating: “*the more one can laugh when happy, cry when sad, use anger to set firm limits, make love passionately, and give and receive tenderness fully and openly, the further one is from suffering*” (Vaillant, 1997, p. 1).

Thus, emotional well-being in ISTDP is implicitly conceptualized as the ability to authentically experience and express emotions, to use emotions adaptively in interpersonal interactions, and to sustain genuine intimacy with others. ISTDP implicitly assumes that these universal emotional capacities form the basis of psychological functioning and that therapeutic change involves the restoration and strengthening of these core emotional capabilities.

ISTDP as a Therapeutic System

Viewed procedurally rather than through its original psychoanalytic theoretical lens, ISTDP constitutes a *therapeutic system* clearly emphasizing the therapeutic relationship as the critical environment for emotional change.

The structured sequence of interventions, explicit use of contingent responding, and implicit emphasis on universal emotional capacities suggest a close alignment with generalized systems of behavioral psychotherapy. As such, ISTDP can be meaningfully understood and evaluated within broader functional and behavioral therapeutic frameworks, including Functional Analytic Psychotherapy.

Understanding ISTDP as a Functional Analytic Psychotherapy

Intensive Short-Term Dynamic Psychotherapy (ISTDP) shares fundamental principles and procedural characteristics with Functional Analytic Psychotherapy (FAP). Here, I systematically argue that ISTDP fulfills the criteria to be classified as a form of Functional Analytic Psychotherapy, highlighting both similarities and functional alignments.

Explicit Focus on the Therapeutic Relationship

The first criterion for classification as a Functional Analytic Psychotherapy involves explicitly focusing on behaviors occurring within the therapeutic relationship.

ISTDP clearly meets this criterion, as its core interventions – Pressure, Challenge, and Head-On Collision – are systematically directed toward behaviors occurring within the therapeutic relationship. ISTDP therapists actively respond to client resistance, defenses, anxiety, and emotional activation as they arise moment-to-moment during sessions, thereby utilizing the therapeutic relationship as the primary environment for change.

Explicit Definition of Clinically Relevant Behaviors

The second criterion involves a clear definition of clinically relevant behaviors (CRBs). Although ISTDP traditionally does not explicitly use the terminology of CRBs, it implicitly defines in-session behaviors that block the process as defenses (CRB1), and defines therapeutic improvements as authentic emotional experiencing and expression (CRB2). These implicit definitions can be explicitly formulated using universal conceptualizations derived from FAP frameworks. Specifically, the FIAT framework's domains of emotional experiencing and interpersonal intimacy effectively operationalize ISTDP's implicit clinical targets:

- **Emotional Experiencing and Expression:** ISTDP targets behaviors that block or inhibit emotional experience (e.g., rumination, intellectualization) as problematic behaviors (CRB1), aiming to instead invite authentic emotional experiences and expressions (CRB2).
- **Disclosure and Interpersonal Closeness:** ISTDP addresses resistance against emotional closeness as CRB1, systematically targeting client behaviors that prevent intimacy. Therapeutic goals include increased openness, genuine connection, and emotional intimacy, corresponding to CRB2 behaviors. ISTDP's rich conceptualization includes additional phenomena,

such as defenses related to punitive self-directed behaviors (often labeled as “superego pathology”) and unconscious inhibitory processes akin to repression. To comprehensively capture ISTDP's full clinical scope, the universal conceptualization may be expanded further. However, these two fundamental areas (emotional experience and interpersonal closeness) provide a robust starting point for operationalizing ISTDP's implicit therapeutic targets in FAP's behavioral language.

ISTDP and FAP's Five Rules

The third criterion for classification as a Functional Analytic Psychotherapy involves following the five rules defined in FAP. Below, ISTDP's procedures are mapped onto FAP's Five Rules, demonstrating substantial functional alignment. This line of reasoning is summarized in Table 1.

Rule 1: Watch for CRBs

ISTDP therapists consistently observe and track client behaviors throughout sessions. They vigilantly monitor the emergence of resistance or defenses (CRB1), genuine emotional expressions (CRB2), and signs of anxiety, carefully noting physical and verbal indicators of anxiety tolerance. Such meticulous observation guides interventions during phases of Inquiry, Pressure, and Transference Resistance, closely aligning with FAP's Rule 1.

Rule 2: Evoke CRBs

ISTDP systematically applies Pressure to deliberately evoke clinically relevant behaviors, especially defensive responses and authentic emotional experiences occurring in the here-and-now of the session.

Guided by the Triangle of Conflict, ISTDP therapists expect Pressure to evoke one or more of the triangle's corners: underlying feelings, anxiety signals, or defensive responses. The structured application of Pressure and Challenge interventions explicitly operationalizes Rule 2 by intentionally eliciting these clinically relevant behaviors for direct therapeutic intervention.

Rule 3: Contingent Responding to CRBs

Contingent responding in ISTDP involves reinforcing emotional breakthroughs (CRB2s) through the therapist's authentic engagement and emotional presence, while directly addressing and challenging defenses (CRB1s) as they arise. Though ISTDP therapists may typically not use overt self-disclosure as in some FAP practices, the functional strategy is equivalent: moment-to-moment therapist responses are guided by the client's behaviors, which fulfills Rule 3.

TABLE 1. FAP RULES AND ISTDP PROCEDURES

FAP RULE	ISTDP PROCEDURE	EXAMPLE
Rule 1 (Watch for CRBs)	Assessment, psychodiagnosis	Monitoring feelings, anxiety and defenses
Rule 2 (Evoke CRBs)	Pressure	What are you feeling here with me?
Rule 3 (Respond Contingently)	Challenge/Head-on Collision	What are you going to do about the vagueness?
Rule 4 (Observe Impact)	Response to intervention	Therapist tracking client's immediate response
Rule 5 (Functional Generalize)	Analysis of Transference	Linking in-session breakthroughs to outside life, discussing the two triangles to consolidate learning

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Rule 4: Observe the Impact of Therapist Behavior

ISTDP therapists continuously observe the immediate effects of their interventions on the client. They adjust their approach based on the client's reactions – whether anxiety signs, shifts in emotional openness, or changes in resistance – thus explicitly meeting Rule 4's requirement of monitoring the impact of therapist behavior.

Rule 5: Provide Functional Interpretations and Generalize Improvements

In ISTDP, thorough analysis and discussion following an emotional breakthrough serve as functional interpretations, linking in-session experiences to the client's broader life and relationships. Although ISTDP uses fewer between-session assignments, its extensive in-session exploration and consolidation phases correspond to Rule 5's emphasis on generalization: by drawing connections between the session events and the client's outside life, ISTDP fosters the transfer of improvements beyond the therapy room.

Functional Similarities and Theoretical Integration

Despite differences in style and terminology, ISTDP and FAP share profound functional alignment. Both therapies use the

therapeutic relationship as the primary context for intervention, define and target problematic and adaptive behaviors as they occur in session, and employ contingent therapist responses to shape those behaviors.

Differences in outward technique (e.g., ISTDP's systematic challenge vs. FAP's self-disclosures) are superficial; the underlying behavioral principles guiding intervention are notably similar.

Recognizing ISTDP explicitly as an instance of a FAP provides several benefits. It brings greater clarity to ISTDP's procedural structure and allows for increased empirical precision in evaluating its effectiveness. At the same time, ISTDP's rich focus on intense emotional processes – such as the unlocking of the unconscious, and the mobilization of the UTA – challenges and extends traditional operant models, suggesting the value of integrating advanced behavioral concepts like those from Relational Frame Theory (RFT) into FAP. In turn, the conceptual and technical strengths of ISTDP can significantly enrich the FAP framework, encouraging a deeper understanding of how powerful emotional and relational changes can be explained and harnessed behaviorally.

Thus, explicitly conceptualizing ISTDP as a form of generalized Functional Analytic Psychotherapy enriches both traditions, fostering theoretical integration while enhancing clinical effectiveness and empirical rigor.

Implications of the Integration

Integrating ISTDP within a broader Functional Analytic Psychotherapy framework carries important implications for theory, practice, and research in psychotherapy.

Theoretical Implications

A key theoretical implication of this integration is the enrichment of behavioral psychotherapy with the nuanced emotional

for evoking and responding to clinically relevant behaviors.

Moreover, ISTDP practitioners could adopt research and assessment methods common in behavioral therapy to enhance practice. For example, single-case experimental designs and continuous behavioral measurement in sessions – tools often used in functional analytic research (Landes et al., 2013) – could be applied to ISTDP to evaluate intervention effects in real time. Embracing such methods would

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and relational phenomena observed in ISTDP. Events like the expression of the UTA or intensive visual experiences during an unlocking of the unconscious challenge purely contingency-based explanations of change.

Acknowledging these phenomena encourages behavioral approaches such as FAP to incorporate more sophisticated theoretical constructs, for example from Relational Frame Theory (RFT) (S. C. Hayes et al., 2001). RFT’s emphasis on symbolic and relational learning processes might offer a way to conceptualize the rapid, deep shifts seen in ISTDP sessions that simple reinforcement histories might not fully explain.

Additionally, this integration underscores the potential value of developing explicit universal case conceptualizations centered on adaptive emotional functioning. ISTDP can be said to implicitly rely on such a universal model of health (emotional authenticity and capacity for intimacy); translating this into behavioral terms could guide theoretical development, improving conceptual clarity and precision in both ISTDP and FAP. Furthermore, a discussion in the ISTDP community regarding implicit assumptions of what constitutes “health” might be fruitful in itself.

Clinical and Practical Implications

Clinically, framing ISTDP as a form of generalized FAP can provide therapists with clearer procedural guidelines and a more systematic framework for interventions. ISTDP therapists, for instance, might benefit from thinking of defenses and emotional expressions in terms of CRB1s and CRB2s, thereby sharpening their focus on in-session behaviors and outcomes. Likewise, FAP-informed clinicians can draw on ISTDP techniques (like systematic pressure and challenge) to enrich their repertoire

strengthen the empirical foundation of ISTDP, potentially leading to improved training, supervision, and clinical outcomes.

Implications for Empirical Research

Positioning ISTDP as a variant of FAP opens new avenues for research. With clear behavioral definitions of therapeutic targets and processes, researchers can design rigorous studies to isolate the active components of ISTDP and measure their impact. This might involve coding sessions for CRBs, tracking how therapist actions influence client behaviors, and assessing generalization of changes outside sessions (Callaghan et al., 2008).

Furthermore, integrating frameworks like RFT can inspire specific hypotheses about mechanisms in ISTDP – such as how changes in clients’ self concepts might underlie the dramatic shifts seen after an unlocking event. By experimentally testing such hypotheses, we can deepen our understanding of how and why ISTDP works, contributing to the broader science of psychotherapy.

Broader Scientific and Interdisciplinary Implications

On a broader level, explicitly linking ISTDP with FAP promotes interdisciplinary dialogue among psychotherapy modalities. It illustrates how a psychodynamic approach can be understood in behavioral terms without losing its essence, and how a behavioral approach can expand to accommodate complex emotional dynamics. This kind of integration encourages collaboration across theoretical camps, leading to more unified and effective

therapeutic models. It also showcases the value of contextually sensitive, relationship-focused interventions across different traditions, reinforcing a trend toward convergence in psychotherapy theory and practice.

While there are numerous advantages to understanding Intensive Short-Term Dynamic Psychotherapy (ISTDP) as a form of Functional Analytic Psychotherapy (FAP), it is also important to recognize potential disadvantages and limitations of such a translation. One significant limitation is the potential loss of the rich conceptual vocabulary and nuanced understanding developed within ISTDP's psychoanalytic tradition. ISTDP's concepts such as the Unconscious Therapeutic Alliance (UTA), emotional breakthroughs described as "unlocking the unconscious", and detailed accounts of transference dynamics draw on a symbolic and intrapsychic language deeply embedded in psychoanalytic theory. Translating these complex phenomena into purely behavioral terms may oversimplify or strip away layers of meaning, reducing the depth and subtlety of clinical insights that therapists have traditionally valued.

Another limitation involves clinical identity and training. ISTDP practitioners are trained extensively in psycho-

dynamic theory, emphasizing subjective emotional experiences and unconscious processes. Adopting a primarily behavioral framework like FAP could dilute the training tradition and risk alienating clinicians who identify strongly with the psychoanalytic heritage of ISTDP. This shift might also create challenges for maintaining coherence within the ISTDP community.

From an empirical perspective, translating ISTDP concepts into behavioral terms could inadvertently narrow research questions, emphasizing observable and quantifiable behaviors at the expense of rich qualitative insights. Such an emphasis might overlook important phenomenological aspects, including patients' subjective emotional experiences and subtle relational dynamics that are more difficult to capture through purely behavioral measures. Consequently, the breadth of research on ISTDP could be constrained, potentially limiting the understanding of its full therapeutic impact.

In recognizing these limitations, practitioners and researchers must strive for a balanced integration that respects and preserves the strengths of both approaches, carefully translating concepts without losing the essential richness of either tradition.

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Conclusions

In this paper, I have described Functional Analytic Psychotherapy (FAP) and Intensive Short-Term Dynamic Psychotherapy (ISTDP) in detail, highlighting their similarities and differences. I proposed that FAP should be viewed not merely as a specific therapeutic technique but as a generalized system of behavioral psychotherapy characterized by explicit procedural rules and a focus on in-session behavior change. Furthermore, I demonstrated that ISTDP satisfies these criteria, effectively classifying it as a form of generalized FAP.

This conceptual integration has several notable implications. For ISTDP clinicians and researchers, reframing ISTDP in behavioral terms offers greater precision in defining therapeutic targets and measuring change, along with new opportunities for rigorous empirical research. Core ISTDP concepts – such as mobilizing the unconscious therapeutic alliance or optimally managing transference resistance – can be translated into behavioral language, allowing for clearer operationalization and study. Defining psychodynamic defenses in terms of their functional effects highlights context and contingency, leading to more targeted interventions.

For the FAP community, incorporating ISTDP's structured techniques and theoretical insights can extend the scope of FAP. ISTDP's systematic focus on phenomena like anxiety regulation, graded exposure to emotion, and unlocking of unconscious material can enrich behavioral theory and practice. While ISTDP introduces additional techniques, these can be seen as applications of fundamental behavioral principles

within a clear procedural framework, complementing FAP's existing Five Rules. Recognizing ISTDP as an instance of generalized FAP thus stimulates both theoretical innovation and practical refinements in behavioral psychotherapy.

Ultimately, integrating ISTDP within a FAP framework emphasizes the profound contextual sensitivity required of therapists. ISTDP demands that therapists constantly attune to the patient's moment-to-moment emotional and defensive signals – very much in line with a behaviorist's focus on immediate contingencies and context. Such attunement highlights common ground between the approaches and reaffirms the importance of the therapeutic relationship as a vehicle for change across psychotherapy models.

In conclusion, explicitly understanding ISTDP as a Functional Analytic Psychotherapy holds significant promise for advancing psychotherapy integration. It can enrich theoretical models, sharpen clinical interventions, and inspire innovative research, benefiting both ISTDP and FAP traditions and the broader field of psychotherapy. Future research could fruitfully extend this integration by employing a more advanced conceptual toolkit from functional learning psychology, such as Relational Frame Theory (RFT) (S. C. Hayes et al., 2001), or by drawing on even more complex frameworks such as inter-behavioral psychology (L. J. Hayes & Fryling, 2023). Doing so would facilitate even deeper analyses of ISTDP's rich clinical phenomena, offering greater theoretical depth and enhancing both explanatory power and clinical effectiveness.

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Robert Johansson



Robert Johansson is an associate professor of psychology at Stockholm University. He has one PhD in clinical psychology (2013), and one PhD in computer science (2024), both from Linköping University. He is also a certified therapist and teacher with a focus on ISTDP. Dr. Johansson is the leading authority on Internet-delivered psychodynamic psychotherapy. He and his colleagues have developed a model of affect-focused psychotherapy that enables it to be delivered as guided self-help through the internet. The effectiveness of the model has been proven in several clinical trials. He has also conducted research on the effects, cost-effectiveness and working mechanisms of Davanloo's ISTDP. Currently, he is working in the field of artificial intelligence, where he develops next-generation computational models of human suffering.