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De-Idealizing the Unlocking of the Unconscious

Comment on Johansson et al., 2024

In this large naturalistic study of ISTDP for depression, Robert Johansson and colleagues (2024) report on the treatment of 195 depressed patients at the Centre for Emotions and Health in Halifax, Canada. The study compellingly demonstrates the effectiveness of ISTDP in treating depression in the clinic, with large within-group effects on both depression (d = 1.02) and interpersonal symptoms (d = 1.17). Recent meta-analytic findings have shown that only one in five depressed patients benefit from usual care, demonstrating that some of the large effects found in RCT studies are not replicated in mental health care services (Cuijpers et al., 2024). The Halifax data seem to be a very promising exception to this finding. The authors were able to replicate their earlier findings, showing that patients who experience an unlocking of the unconscious are more likely to have better outcomes than the patients who don't (Town et al., 2013; Johansson et al., 2014). If we look into the details of the study, we see that after treatment the group that experienced an unlocking improved moderately more than the group that didn't experience an unlocking (d = 0.60). This is an impressive finding, underscoring the value of aiming for unlockings in ISTDP. However, the data also suggest that patients who did not experience an unlocking still made significant gains.

The role of the unlocking of the unconscious

After establishing the efficacy of psychotherapy, psychotherapy research has partly shifted in focus to mechanisms of change over the past two decades. What can explain the positive effects we find in our studies? In ISTDP theory, practice, and research, the unlocking of the unconscious is the main putative mechanism of change (Davanloo, 1990; Abbass, 2015; Hoviatdoost, et al., 2020). The unlocking is considered the main route for achieving rapid and sustained symptom reduction as well as character change. Here I will briefly discuss two critical perspectives on the theory of unlocking the unconscious.

One of Davanloo's ideas was that in ISTDP the 'reservoir of guilt' can finally be drained, and thus, the fuel tank of the pathological superego emptied. One possible critique, based on modern learning theory research, is that the paradigm of 'extinction' has been replaced by 'inhibition learning' in modern accounts of learning. (Craske, 2014). What was once learned cannot be unlearned. Rather than exposure therapy being effective through a mechanism of eliminating phobic reactions, the new hypothesized mechanism by Craske and others is that the person learns how to inhibit those phobic reactions. If this reasoning is applied to ISTDP, we might posit that rather than the reservoir of guilt being drained, the patient is familiarized with the reservoir and learns how to view it in a more flexible way, looking at it through the eyes of the therapist. This line of reasoning mirrors the psychoanalytic discussion on mechanisms of change between the Ego psychologist, Freudians, and the object-relationists; the latter school emphasizing unconscious identification with the therapist as the source of change (cf. Joseph & Witter, 2024). Following this line of reasoning, resistance is not 'stopped' or 'drained out'; instead, it is actively inhibited, and other relational processes will then be available.

The second critique concerns the lack of unlockings in clinical practice. As any learner of ISTDP knows, achieving unlockings of the unconscious is a major challenge that requires extensive training, experience, knowledge, and emotional resilience on the part of the therapist. It's a very ambitious goal that only a minority of ISTDP therapists consistently and systematically reach. When looking at the results of ISTDP by novice therapists, some studies (Rocco et al., 2021; Abbass et al., 2013) have shown robust effects despite limited ISTDP training and experience. These therapists, like any novice ISTDP therapists, likely do not achieve consistent and systematic unlockings of the unconscious in their work. So, what accounts for their positive outcomes?

Common factors

In the common factors school, spearheaded by Bruce Wampold, a large portion of the effects of psychotherapy can be explained by factors that are common to all psychotherapies: the real relationship between therapist and patient, the working alliance, expectations, cultural adaptations, as well as the therapist's empathy, genuine interest in the patient, and positive view of the patient (Wampold & Imel, 2015). More often than not, the therapist as a person is more important than which method the therapist uses (Barkham et al., 2017). All of these factors are of course central in ISTDP. And even if they don't hold a central role in the ISTDP literature, they seem to be a consistent part of ISTDP oral history and practice. In other fields of psychotherapy research, training in common factors seems to have the potential to boost outcomes (i.e. Ahn et al., 2023). This might be a productive path for ISTDP training and research to pursue: the broader scale implementation of common factors training, as well as the research on how common factors affect ISTDP outcomes[1].

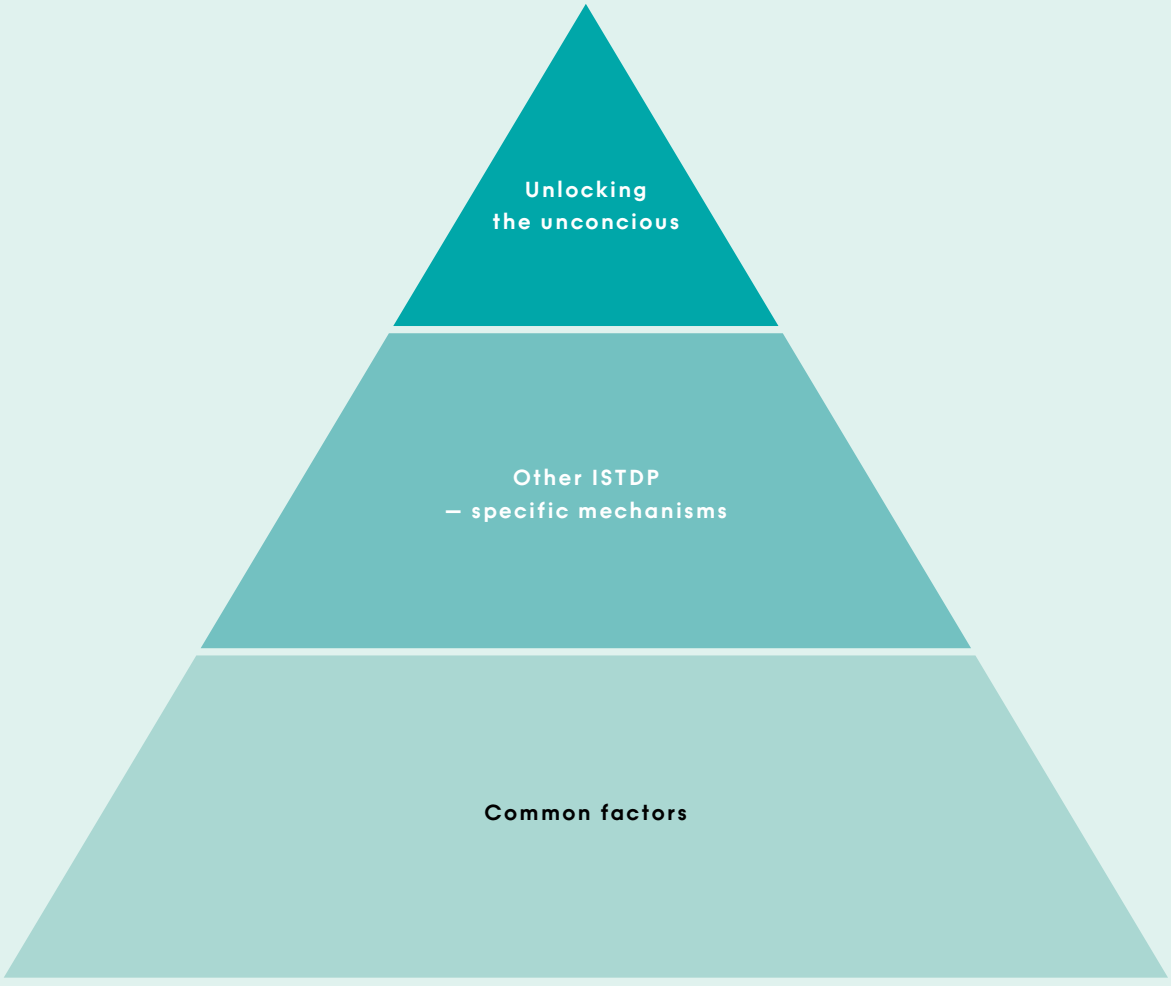
Alternative ISTDP-specific mechanisms

Beyond the dichotomy of common factors on the one hand, and unlocking the unconscious on the other, let's have a look at the central dynamic sequence (CDS, Davanloo, 1989). This way, we can discuss some other potential mechanisms of change in ISTDP. Following an inquiry into the problems the patient is facing (1), the therapist begins exerting pressure (2), which leads to resistance beginning to show up. This resistance is clarified, challenged, and head-on collided with (3, 4), leading to an intrapsychic crisis with strong passages of emotions (5) that are subsequently thoroughly interpreted (6). When this

TABLE 1. COMMON AND SPECIFIC MECHANISMS IN ISTDP

CDS	COMMON FACTOR	ISTDP-SPECIFIC MECHANISM
Inquiry, Pressure, Clarification	Real relationship, alliance, expectations, positive regard, empathy	Increased awareness of problems Increased awareness of feelings Increased awareness of anxiety Increased awareness of defenses
Challenge, Head-on collision	Challenge, Head-on collision	Making ego-syntonic resistance dystonic, disliking resistance
Intrapsychic crisis	Emotional exposure	Corrective emotional experience, draining the reservoir of guilt, Unlocking of the unconscious
Interpretation, consolidation, planning	Insight, correcting dysfunctional beliefs	Increased awareness of past-present, UTA-driven insight

FIGURE 1. THREE LEVELS OF MECHANISMS OF CHANGE IN ISTDP



leads to a resolution of resistance, further inquiry into developmental history can take place (7), and the patient gets direct access to the unconscious (8). In Table 1, I have delineated some putative mechanisms of change involved in the different phases of the CDS.

For the sake of keeping this discussion brief, I want to mention three alternative ISTDP-specific mechanisms of change that I think warrant further study: increased awareness, agency, and honesty. See Figure 1 for a visual representation of the different mechanisms of change in ISTDP.

Increased awareness

One of the central activities of the ISTDP therapist is to provide what learning theory refers to as 'discrimination training.' In learning theory, discrimination training is the activity of teaching someone to be able to distinguish between different stimuli and react in different ways to different stimuli (Ramnerö & Törneke, 2008).

All the restructuring work we do in ISTDP with regards to clarifying the corners of the triangles and increasing the observing capacity of the patient can be understood as forms of discrimination training. "That's a thought, not a feeling," "Still you are not saying how you felt," "But anxiety is not the anger". Over time, the therapist continuously educates the patient about the difference between stimuli, feelings, anxiety, and defense. Discrimination training is common to basically all psychotherapy, but I think there's a case to be made that ISTDP emphasizes this process very narrowly (cf. Entis & Hesslow, 2024).

Agency

Another of the central activities of the ISTDP therapist is the way in which the therapist conveys a sense of agency to the patient. The use of challenge and head-on collision, in part, focuses on the idea that the patient is capable of assuming responsibility over their own life and also of changing its course. It is only their will that can drive change. They can stop resisting if they decide to – or, conversely, they can continue resisting if that's what they choose. There are now some smaller studies showing that agency or related constructs are central to the ISTDP/EDT process (Callahan, 2000; Aafjes-van Doorn et al., 2017; Town et al., 2019). Increasing the patient's agency is, of course, part of any successful course of therapy. I think there's a case to be made that the agency plays a very specific central role in the belief we ISTDP therapists hold that change is possible now.

Honesty

The ISTDP therapist is continuously modeling an honest way of relating and behaving. The overarching attitude of warmth, precision, openness, and especially, honesty permeates the whole treatment. It conveys the powerful message that avoidance and corrupt, insecure relationships are not necessary. In ISTDP training, the therapist is encouraged to listen to their reactions and transform them into effective, honest interventions that detail the opportunities at hand and the limitations imposed by letting life be lived in service of the resistance. One of the participants in the Halifax Depression Study exemplified this: "It's easy to take a passive approach for that but once someone says it directly to you, recognizing that that's what you do and that if you want to feel better you have to correct it" (Town et al., 2019, p. 6). Many therapies, no doubt, emphasize honesty, but few invite the patient so strongly to share their feelings, anxieties, and defenses, and challenge them to change them in the here and now.

While unlocking the unconscious remains a pivotal goal in ISTDP, therapists should be cautious letting it overshadow other valuable processes. For practitioners, particularly those newer to ISTDP, this perspective underscores the importance of cultivating a therapeutic environment that integrates common and ISTDP-specific factors alongside attempts at unlocking the unconscious.

Conclusion

In conclusion, the unlocking of the unconscious is undoubtedly the primary theoretical and empirical mechanism of change in ISTDP. However, there are valid reasons to question some of the underlying assumptions and to ensure that we are not blinded by the allure of unlocking, allowing it to overshadow other important processes. All ISTDP learners should strive for unlockings while remaining mindful that numerous other aspects of therapeutic practice—both common factors and ISTDP-specific factors—also play a significant role in achieving positive outcomes. Restructuring, emphasizing patient agency and honesty, along with other ISTDP-specific mechanisms, all contribute to paving the royal road and should be held in high regard by both novice and advanced practitioners. Emphasizing skills in these areas not only enhances treatment efficacy but also provides a stable foundation for therapists who may not yet consistently achieve unlockings. Therefore, training programs might benefit from a balanced focus on both ISTDP-specific techniques and common factors, empowering therapists to achieve robust outcomes through a more integrative approach.

Footnote

1 On a side note, the common factors approach has been heavily questioned, and some renowned researchers hold the view that their empirical support for the putative common factors is too weak to draw firm conclusions (Cuijpers et al., 2019).

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