

Dear reader

In your hands you are holding the second issue of the Journal of Contemporary ISTDP. As you hold this second issue, maybe you're already sensing which parts of this issue you will want to read first. No matter how you approach its contents, they will hopefully leave you feeling excited, touched, and challenged. I feel confident in promising that this issue offers what the first issue did and more. I also feel compelled to express how immensely proud I am of the work we have put into these pages, and how incredibly fortunate I am to work with such a great team of editors, writers, and designers.

The reception of the first issue has exceeded all expectations. I want to thank all of you who shared your reactions to it. Thank you for your patience with our unexpected delays. Thank you for contacting us to tell us that you want to write for us, do a review for us, or that we need to think about something that we hadn't thought of yet. One sentiment that has been fed back to us a few times and that has moved me in a particular way is this one: "Reading the journal I noticed that I felt proud to be a part of this community." From the beginning, we had hoped that this journal would serve as a mirror for the international ISTDP community, capable of capturing its collective development and displaying the liveliness and creativity that characterizes it. The feedback we have received tells us that we are on the right track. Nevertheless, we have also made a number of mistakes and this experience so far has been one of constant learning and evolving. The second issue marks the end of the first year of the journal, and we're ready for the next one and many more.

The theme of this issue is 'The End And Our Journey There.' The ancient Stoics meditated on endings to focus their present lives: only by recognizing our mortality can we fully live. Memento mori. Similarly, in ISTDP, we invoke the future end of treatment – termination – as a strategy to engage patients with the here and now. As Davanloo states: "I can walk out when we say good-bye to each other, and accept that I failed. I can afford to be a failure – what can I do? I can do my best and say, okay I failed, what can I do further? But can you afford to be a failure?"

The end of therapy puts its present into perspective – it invites the patient to recognize his undiscovered potential. By invoking the future end of the treatment, the “death” of the relationship, the head-on collision is a strategy for maximizing the commitment to be present in the here and now. In Deborah Pollack’s article in this issue, she discusses the use of a time-limit in ISTDP and how this can help bring to the surface core unconscious conflicts in an accelerated fashion, and help therapists accept failure rather than prolonging treatment interminably. Pollack truly puts the end at the beginning of her therapies.

When the end, loss and/or death is resisted, it can transform into self-blame and self-punishment. In Mourning and Melancholia, Freud described the intimate link between unresolved feelings around loss, and depression. In a new study from the Halifax group published in this issue, Johansson and colleagues describe naturalistic outcomes of ISTDP for depression. In another article, we find a case study by Peter Lilliengren where a patient with severe somatic symptoms and depression is offered a course of ISTDP, leading to remission of both somatic and psychological symptoms. In depression, we see death invoked not in service of life, but as a means of self-punishment or escape from life’s terror. These two articles on ISTDP for depression build on previous findings concerning how the experience of mixed feelings in relation to attachment figures can contribute to lifting symptoms of depression. The fantasized end of the attachment figure through death (in the case of murderous rage), can lead to a coming to life of both the patient and their relationship to loved ones. Beyond these three thematic articles, you will find pieces about Davanloo’s closed-circuit training workshops, Freud’s psychotherapeutic technique, ISTDP for East Asian patients, Rogerian ISTDP, ISTDP in a medicine-free clinic, the learner’s corner, book reviews and a story about ISTDP.

This issue, The End, also marks a moment to honor the passing of the founder of ISTDP, Dr. Habib Davanloo, who died in the fall of 2023. We are fortunate to follow one of the paths he created, and we will be forever grateful for his contributions to psychotherapy and humanity. May he rest in peace, knowing his legacy lives on in all who walk this path.

Now it’s time to end this sentence, this paragraph and also this letter. Here’s to new endings, and to the journey there.

Love, Thomas