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Authenticity and Discipline in ISTDP Learning



LEARNERS CORNER

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Chinese community in Australia. Presently, Chen is the proud owner of a

Chenhong (Xu) was born in China and immigrated to Australia, where she has resided for the past 18 years. In 2016, she completed her Master of Clinical Psychology and started working as a clinical psychologist in private settings. Fluent in both English and Chinese Mandarin, she is committed to providing culturally sensitive mental health care to the

small group private practice (<https://www.mindbodyheartpsychology.com.au/>) in the vibrant, multi-cultural city of Melbourne. Prior to her involvement in the ISTDP core training from 2020 to 2022, Chen has also been trained in various therapeutic modalities, including cognitive behavior therapy (CBT), acceptance and commitment therapy (ACT), and schema therapy. In addition to her clinical practice, Chen finds fulfillment in connecting with fellow professionals, offering guidance to early career psychotherapists, hosting public educational workshops, and writing her Chinese-language psychoeducation blog.

The Wounded Healer

I vividly recall sitting in the waiting room with a tension headache, as I anticipated my initial ISTDP therapy session - a 150-minute block that made me doubt whether I would have enough energy to last. Much to my surprise, I came out from the session not only energised but also filled with hope, my headache miraculously dissipated. The first year of navigating new motherhood brought to the surface losses, painful feelings, and unfulfilled longings within my relationship with my own mother. Delving deeper into my emotions also allowed me to forge deeper connections with my patients. As I progressed in my personal therapy, my professional growth with clients experienced a parallel acceleration.

Carl Jung (1951) introduced the concept of the *wounded healer* to depict therapists in the process of healing their emotional wounds, simultaneously transferring insights and

resilience, consciously or unconsciously, to their patients. Embracing the wounded healer within myself meant placing authenticity and equality as cornerstones in the relationships I developed with my patients. This transformative journey unfolded alongside my formal ISTDP core training where emphasis was placed on discipline. At the crossroads of my professional and personal growth paths, I confronted my own internal conflicts as an ISTDP trainee and supervisee. Some internal conflicts still stir anxiety today, while others have illuminated new opportunities. Through sharing my reflections on my ISTDP learning journey, I hope to validate the experiences of fellow journeyers, help those who want to embark on a similar journey in designing their learning map, and offer food for thought to ISTDP trainers and supervisors continuously refining their craft.

A novice therapist's encounter with ISTDP

It is crucial to acknowledge that therapists embark on their ISTDP learning journey at various stages in their professional development. Rønnestad and Skovholt (2003) delineated six phases, each marked by distinct characteristics, unique learning challenges, and specific development needs. I started my ISTDP formal training during my “novice professional phase,” having already accrued several years of experience as a psychologist in private practice. During this time, my primary modalities included cognitive behavioural therapy (CBT), acceptance commitment therapy (ACT), and schema therapy.

Despite gaining increasing independence and confidence, I grappled with a sense of disappointment over clients experiencing premature dropouts or insufficient progress in therapy. Rather than succumbing to self-blame, I wanted to understand the boundary between the client's responsibilities and mine when therapy progress stalled. Meanwhile, my focus shifted away from models and techniques, and towards issues within the therapeutic relationship, prompting a deeper exploration of both my personal and professional self.

I enrolled in a comprehensive three-year core training course in Australia, which comprised 12 blocks of didactic teaching, each block spanning three days. In addition, the training group met monthly for group supervision sessions.

This ISTDP training proved instrumental in my professional development during the ‘novice professional phase.’ From the outset of the training, the importance of clarifying internal emotional problems was emphasised. It was a new revelation to me that a patient's presenting problem can manifest itself within the initial moments by being invited to declare their emotional problem. Establishing and maintaining a strong intrapsychic focus became the foundational step to liberate me from my “omnipotent therapist” fantasy, providing clarity on the boundaries of my role as a psychotherapist.

Furthermore, the exploration of unconscious feelings, impulses, and defenses elevated my therapeutic approach to new heights, with clients expressing anticipation for the insights gained in each session. Understanding the graded approach and anxiety pathways equipped me to monitor clients nearing their thresholds, grounding me when a client became flooded. Vigilance for splitting and projection in the transference significantly contributed to a reduction in premature terminations. Learning to identify resistance, and refraining from engaging in a battle of wills, helped mitigate my tendency to overwork. As a result, my understanding of therapeutic relationships deepened and became multi-layered, translating into improved therapy outcomes.

Emergence of my internal conflict

In the first two years of my training, my understanding of ISTDP as a novice was heavily shaped by the training course I undertook. As my training progressed, I started noticing some limitations of the training when I applied my learning to practice. I found myself developing mixed views about the methods taught in the training, accompanied by conflicted feelings about the teaching approach.

To provide context, the core training was anchored in two frameworks: 1) the feeling-anxiety-defense triangle, and 2) a psychodiagnosis chart delineating *system of resistance* categories: isolation of affect, repression, and fragility. Each category was defined by a specific anxiety pathway and a corresponding set of defenses. The approach entailed pinpointing the patient's position within the triangle (i.e. whether a patient's response is feeling, anxiety or defence) as well as their *system of resistance* category at any given moment, prompting the use of a corresponding intervention technique.

There were scripted lines, termed "skill building exercises", for each intervention technique, which we practiced through reading and roleplaying. Initially, I took comfort in the formulaic approach and scripted interventions, as they provided a sense of reassurance and certainty. However, I gradually realised that the formulaic approach was inadequate in capturing the complex inner psyche of many patients, nor does it fully capture the dynamic interplay between the therapist and the patient. At times, I became preoccupied with fitting a patient's presentation into the formula, at the sacrifice of connecting

with the patient. Quiz questions such as "was that a sigh?", "anxiety, feeling, or defense?", and "is this patient in isolation of affect, repression, or fragility?", became constant in my mind, sometimes diverting my attention from the more nuanced aspects of therapeutic engagement.

I was conflicted about the mechanical rigidity of the approach and the sense of certainty being presented in my training. I harbored both gratitude and dislike, simultaneously. On one hand, the technical teaching and the skill-building scripts laid the foundation in supporting me to climb up the steepest part of the learning curve. On the other hand, as I entered my third year, I found myself growing increasingly frustrated with the insistence on applying a rigid set of methods, whether in the form of scripted lines, the central dynamic sequence, or categorizing individuals into systems of resistance.

Another dilemma surfaced concerning the emphasis on decoding unconscious signals. While this focus enhanced my assessment skills, I struggled to reconcile the excessive attention on unconscious signals with the science-practitioner principles from my postgraduate studies. For instance, in order to assess a patient's system of resistance, one task was to differentiate whether a patient's sigh was a *real sigh*, a *partial sigh*, or simply *letting out a breath*. The micro-analysis of a patient's unconscious signals appeared to lack evidence base, downplaying patients' individual variation and increasing the risk of the therapist's confirmation bias.

Using ISTDP as a defense

I recognise that my frustration and challenges were neither unique to ISTDP nor to my training course. A common developmental task for a psychotherapist to transition from 'the novice professional phase' into 'the experienced professional phase' is to build a working style that is congruent with their own values, attitudes and personalities (Rønnestad & Skovholt, 2003). Therapists gradually shift away from applying techniques and methods in a conforming mechanical manner, towards a personalised and flexible approach.

As I moved further along the novice professional stage and was entering the experienced professional stage, the rigidity and the formulaic approaches in my training clashed with my growing desire for flexibility and autonomy. I recognised my inclination toward open-minded exploration over methodological discipline, and unpacking complexity over precise

intervention. In addition, I experimented with complementing ISTDP with other therapeutic modalities that I was familiar with from before I had learned ISTDP. I was often frustrated by the trainer's distinction between "supportive therapy" and "ISTDP", as if ISTDP belonged to one camp whereas the other therapy models belonged to another camp. It felt as if a trainee had to strip bare to wear the clothes of ISTDP; instead, I wished that the threads of ISTDP could be woven into the fabric of what the trainee was already wearing.

In hindsight, I can now acknowledge my desire for autonomy and integration; but during the first two years of my training, the unresolved conflict between autonomy and discipline in my learning triggered discomfort. "Performing" ISTDP became a defence against my anxiety and internal conflict, particularly because ISTDP supervision primarily involved

watching video recordings. ISTDP training is challenging, because viewing and presenting videotapes of real therapy sessions can mobilize intense complex feelings which in turn trigger anxiety and defenses (Abbass, 2004). In my experience, I felt pressured to be a ‘good’ trainee, diligently trying to fit my client into the ‘correct’ corner of the triangle and the ‘correct’ psychodiagnosis, and I demanded myself to adhere closely to the intervention scripts. Even when I questioned the rationale behind the taught steps, I kept quiet and compliant.

Another way the techniques and scripts sometimes became

my defense was when my own unconscious anxiety triggered a resistance to emotional closeness with my patients. ISTDP requires therapists to have awareness of their own mixed feelings in order to maintain an emotional focus with clients (Abbass, 2004). For example, I was the most prone to over-intellectualizing when my impatience and frustration arose due to slow therapy progress. Faced with my own mixed feelings, I instinctively reached for the formulaic methods and the scripts, unknowingly turning into a more distant therapist and leading to a decline in my attunement to my patients.

Finding company

The opportunity for emotional healing lies in robust therapist-patient relationships, mirroring how strong collegial relationships foster an environment conducive to learning. In my third year of training, my internal conflict became a catalyst for me to explore alternative perspectives within the broader ISTDP international community. I followed the ISTDP Facebook peer group discussions and subscribed to YouTube channels featuring insightful ISTDP talks and teachings. Exploring diverse perspectives from other ISTDP trainers and supervisors provided me with a constructive lens through which to understand my internal conflict and enhance my learning.

Notably, the insights shared by Johannes Kieding in the article *Key take-aways from over a decade of training in ISTDP with Marvin Skorman* (Kieding, 2021) struck a chord within me. The “shared dream” concept, for instance, embodied what I felt was overlooked in my earlier ISTDP training - empathic attunement, genuine connection, and space for creativity. In Johannes’ teaching, I have found many elements that are familiar to me such as building conscious alliance and offering corrective emotional experiences; consequently, I now feel more confident in integrating previously learnt therapy modalities. Watching video presentations of Johannes’ sessions and consulting him on my cases have led to numerous “a-ha” moments. I discovered that a seeming self-attack might, in fact, be a realistic self-assessment; a head-on collision can be done in a manner to convey empathy and care; and a collaborative patient on the surface could be holding onto a regressive wish to be coddled underneath. Learning with Johannes has reminded me of the important qualities a psychotherapist must possess; an appreciation for human complexity, and a willingness to adapt to individual variation.

Meanwhile, recognizing that my inadequate understanding of the rationale behind each intervention technique was hindering my ability to integrate the techniques with my authen-

tic self, I sought to bridge this gap. After completing my 3-year core training, I enrolled in Jon Frederickson’s supervision course. Jon patiently explained the rationale behind each line of intervention which allowed me to adapt his intervention to my own style. Jon’s writing also helped transform my perception of ISTDP from a rigid method to a flexible, response-led manner of clinical thinking. An ISTDP-informed therapist assesses each patient’s response to intervention and dynamically adjusts intervention to meet the patient’s evolving need in the moment (Frederickson, 2015).

In my fortnightly individual supervisions, watching video recording of my sessions with supervisors continuously reminds me of the importance of solid data gathering - forming hypotheses, yet not getting ahead of my patients. Seeking additional support, I also consult with a colleague navigating at a similar stage of professional development. The peer consultation not only provides a safe space to discuss the challenges encountered during my core training, but also serves as a collaborative space to celebrate our progress with patients and learning while pondering our setbacks and difficulties.

Through my colleague, I discovered resources that have broadened my perspective, including the book *How emotions are made* by Lisa Barrett (2018), which challenged many existing theories about emotions. I also discovered Mark Stein, who has introduced to China (where I am from) the ISTDP-teachings of Josette ten Have-de Labije (ten Have-de Labije, J. & Neborsky, R.J., 2012). My colleague also introduced me to a paper by Australian researchers inquiring into the mechanism of change in ISTDP (Hoviatdoost et al., 2020; Hoviatdoost, 2022) and a workshop run by one of the researchers, Steve Arthey (2023). These materials have presented alternative viewpoints on some central assumptions of ISTDP, pointing to an optimistic path for diversity and critical thinking within the ISTDP community.

Conclusion

Four years after I sat in the waiting room as a patient, my professional and personal development has been tremendous. I have come to recognise the value of my intuition and critical thinking, while appreciating the methodical, precise approaches taught in my training. The growing awareness of my history, preferences and values, as well as my moment-to-moment emotional experience, allows me to lean into my therapist self when working with patients. The ongoing process of integrating my authentic self with the disciplined practise of ISTDP continues to unfold. From a place of frustration, self-doubts, and compliance, I am starting to embrace my unique voice and style while proudly declaring myself as an ISTDP-informed psychotherapist.

While writing this article, I found myself revisiting a book that has been a companion guide throughout my psychology career, namely, *Psychoanalytic psychotherapy: A practitioner's guide* (McWilliams, 2004). A young therapist's navigation of their professional world evokes a blend of challenging and rewarding emotions. In such a context, the empathetic insights shared by an accomplished psychotherapist like Nancy McWilliams holds immense value for a budding

psychotherapist exploring their vulnerabilities. In conclusion, I would like to draw upon her words:

"[...] they [beginning therapists] can easily develop the sense that they are 'not doing it right,' that some imagined experienced therapist could have made the conventional approach work for this person. Sometimes they lose patients because they are afraid to be flexible. More often, fortunately, they address their clients' individual needs with adaptations that are empathic, intuitively sound, and effective. But then they suffer over whether they can safely reveal to a supervisor or classmate what they really did. When beginning therapists feel inhibited about talking openly about what they do, their maturation as therapists is needlessly delayed. Despite the fact that we all need a general sense of what to do (and what not to do) in the role of therapist, and notwithstanding the time-honored principle that one needs to master a discipline thoroughly before deviating from it, the feeling that one is breaking time-honored, incontestable rules is the enemy of developing one's authentic individual style of working as a therapist." (McWilliams, 2004, pp.11-12)

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