

HAVING READ

A REVIEW OF: LIVES TRANSFORMED A REVOLUTIONARY METHOD OF DYNAMIC PSYCHOTHERAPY

By
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Lives Transformed is the co-operative effort of David Malan, who contributed invaluable ideas to the bedrock of ISTDP; and Patricia Coughlin Della Selva, who continues to refine its techniques. They have produced a book that gives both a beautifully concise explanation of how and why ISTDP works, and enough analyzed case material to be a very serviceable training guide.

Coughlin Della Selva's case transcripts comprise the bulk of the volume, and her work is as good as it gets. She is focused, empathic, persistent and intuitive. She's right in step with her patients' inner struggle, and seamlessly transitions them to the next step in their therapeutic advance. This kind of expertise takes lots of talent, caring and self-monitoring. And practice, practice, practice.

The authors state that the goals of their book are to provide the reader with examples of how these "extraordinary therapeutic results" are achieved, to teach the reader "how to do it", to "review research and objective evidence" that confirms the efficacy of dynamic psychotherapy and "to introduce as much science into the study...as the subject can bear...." (page 7)

The authors note that while randomized controlled trials continue to be the "gold standard" of research, the U.S. National Institute of Mental Health's new funding guidelines call for "research designed to study large numbers of diverse patients in real world setting" (Foxhall, K., 2000), and they mention a number of clinicians who, dating back to the 1960's, have seen the "important need for more intensive analysis of single cases" (Saffran J.D., Muran, J.C., 1994). This book is a response to that need.

OVERTURE

The book is divided into 4 sections, Overture, Exposition, General Discussion and Coda. In the Overture's three chapters, the first outlines the case studies the authors will be presenting, the conclusions to be drawn from them, the value and necessity of single case studies and the importance of outcome examinations.

The second chapter is a review of ISTDP theory and techniques. This chapter would be high on my recommendation list to anyone looking for a quick reference guide to the concepts, techniques and course of ISTDP therapy.

The third chapter, "Empirical Support for Davanloo's ISTDP," gives a wide-ranging overview of research that makes a strong case for ISTDP's bona fides and its unique effectiveness. The authors review evidence that the various components of ISTDP - i.e., the primacy of the therapeutic alliance to effect change, the importance of affective expression to a patient's overall physical and psychological health, the imperative to provide patients with an understanding of their defensive maneuvers and the harm such defenses have caused them - have all been verified by clinical research.

The chapter's title - certainly appropriate to the authors' intention - must have nonetheless been something of a frustration for them (It was for me.). Most of the research the authors cite lends support to *any* psychodynamically-based, affect focused, talk therapy, including everything from pastoral counseling to primal screaming. It's a shortcoming that's beyond the authors' control and they deal with it by breaking down ISTDP into "phases of treatment," such as Enquiry, Defense Work, and Breakthrough of Feeling.

The chapter's section on the Breakthrough of Feelings includes a concise discussion on the neurobiology of emotion, immune functioning, recent scientific support for the existence of an unconscious, and the significance of early attunement in emotional development.

EXPOSITION

The book's second section, Exposition, is its core, consisting of transcripts of Coughlin Della Selva's work, and diagnostic evaluation and goals for each treatment by co-author David Malan and by Jennie Malan, an educational psychologist deeply familiar with ISTDP. Of the seven cases offered, three are briefly summarized and four are treated in detail. All clearly demonstrate the shape and scope of ISTDP treatment, from trial therapy to outcome interview.

All seven cases were videotaped in their entirety, and the transcripts here have been skillfully condensed. As most practitioners do when presenting case studies, Coughlin Della Selva regularly inserts headlined observations and comments, like "Anxiety in the Transference," and "Beginning Work on the Defenses" which track the thread of focus and made these cases a pleasure to follow. Coughlin Della Selva is the very model of effectiveness. Her genuine compassion for her patients and her unflinching intuition of their intrapsychic dynamics are so seamlessly conjoined, the reader is compelled to consider that one may not be possible without the other.

For each case, both evaluators viewed the initial interview tape, offered a list of disturbances, explained each with a dynamic hypothesis, e.g. "The patient appears to have blanked out most of his feeling."; predicted what issues were to be dealt with in therapy in order to achieve desired change, e.g. "It is the experience of intense anger against his mother that is most likely to lead to therapeutic effect.", and listed the criteria for what would constitute a successful outcome, e.g. "To lose his symptoms, mainly depression and excessive drinking."

GENERAL DISCUSSION.

In the book's third section, the authors examine whether what the evaluators predicted actually happened. They conclude that their predications were "almost entirely fulfilled", which "largely validates both the theory and the practice of dynamic psychotherapy." (page 241)

A very useful chapter follows, "Aspects of Initial Evaluation," that skillfully outlines the important components and goals of the initial evaluation. The authors examine the range of tactical defenses, and stress the critical importance of the initial interview. It confirms what many ISTDP therapists have experienced, that even with an hour or two of therapy, "some patients show immediate therapeutic effects."

The final chapter in the third section, "Aspects of Therapy," offers a brief discussion on the prevalence of anger, grief and oedipal feelings. Regarding the first, the authors cite a study of 70 patients seen by one practitioner (Abbass, reference not cited), in which "guilt and self-punishment over primitive murderous rage" was found in 83% of ISTDP patients and suggests that this "really amounts to a new discovery" that warrants "rewriting" the emphasis of anger in psychopathology (page 260).

RECAPITULATION AND CODA

Part IV of the book contains further therapeutic conclusions from the data presented. Four of the seven patients presented in this volume achieved, not merely symptom *relief*, but both symptom *removal* and character change in 14 to 32 sessions (approximately 3.5 to 8 months). Those patients "mired in their character defenses," of course, require a great deal more time (the case of The Good Girl stretched over 68 sessions).

CODA

In this final chapter, the authors justify the structure of their experiment with evaluations and outcome. I will have a bit more to say on this later in the review.

THE CASES

Each of the four cases presented in detail is a standout, but one in particular deserves more than just a cursory mention. “The Good Girl with Ulcerative Colitis” introduces us to an unmarried 34-year-old woman whose areas of disturbance include discontent with her life; not being able to fully actualize her professional goals; inability to develop a relationship with a man that is full blown and sustained, and ulcerative colitis. The last symptom, Coughlin Della Selva observes, is a warning sign that required a graded approach in therapy. The colitis was very severe, and very likely related to emotional issues, but her physician had dismissed that possibility as over-“psychologizing” the problem.

During the first interview it becomes apparent that the patient is out of touch with the visceral experience of her feelings and towards the end of it this exchange takes place:

- Th I asked how you experienced your irritation, and you tell me about your thoughts - not the feeling.
- Pt Why is that not the feeling?
- Th Those are thoughts.
- Pt How would I experience the feeling? Maybe I don't experience the feeling! To me, the thought is the feeling.

The therapist then inserts the following crucial observations:

“Her ability to observe her own defenses, and to begin to turn on them, along with her strong will to get well, were signs of capacity and allies in the treatment process. So, despite the serious nature of her physical illness, I decided to take her on. *Remember, it is the patient's response to intervention, more than history or factual information, that determines suitability for treatment?*” (Italics added.) (page 166).

The transcript of the trial session is then followed by Formulation, hypotheses of the patient's disturbances that will be familiar to all ISTDP therapists, and probably applicable in a great number of cases: i.e., “Her father provided physical and emotional comfort, and she still suffers from unresolved grief about his death.” Or, “She is afraid to express anger because of (a) her fear that it will jeopardize relationships ...”

Issues to be Dealt with In Therapy follows these hypotheses, i.e., “... it was anger with her *father* that would be most likely to lead to the therapeutic effects.” And these are followed by Criteria, which lists the various outcomes that the Malans feel would constitute successful therapy, such as “Recovery from depression,” or “For her to have full experienced her grief and anger relating to her father's death ...”, or “Ability to fulfill her potential in work”. Again, most of the criteria are fairly generic and could relate to most patients, while others are very specific, such as, “We would like to see the process of ulcerative colitis completely halted endoscopically ...” The accomplishment of these criteria are discussed in Follow-up chapters to each case.

Coughlin Della Selva's handling of this case, and the almost miraculous recovery of this severely self-torturing patient, is a stirring example of ISTDP at its best. Coughlin Della Selva is compassionately relentless in her commitment to her patient, and acutely attuned to the patient's conflicted desire to be set free of her crippling disturbances. She is able to hear about the damage inflicted on the patient without coddling her as a victim, or demonizing the perpetrator. That balance requires flawless maintenance of the therapeutic alliance that must neither encourage transference or contaminate with counter-transference. And as any therapist knows, it is lot easier to want to do it than to actually do it. The following exchange is as subtle a piece of work as I have ever seen:

- Pt Something is still buried because I still feel like screaming. *Maybe it's that I want to tell her (becoming tearful) ... I still long from my mother. I want my mother. I don't know how, because I also love my mother. ... maybe that's what it is, but I don't want to have to kill my*

mother in order to live! (*Crying heavily now.*) That's not what I want. I want my mother to love me.

Th Tell her.

Pt I want you to love me. I don't want to have to kill you, but I'm sick of all these hoops - always - always!

Th There is pain.

Pt Always, just always. Never good enough, never. Such ...

Th So much in the way. You want to get rid of that part of her and to gain access to her - to be loved by her and to feel close.

Pt I still feel so choked up.

Th There's a lot of emotion.

Pt She's great, but (*she speaks as if her mother were there*), "Why do you feel so bad about yourself?"

Th You want to put her self-loathing aside.

Pt That's what got in the way. I mean, Patricia, my mother is *extraordinary*. And, when I think of the shit that she went through (*weeping*). Sometimes I see her smile and she looks like she's capable of happiness.

Th So, stay with this.

Pt You're so beautiful, and you have so much. I wish you could have been happy because when you smile like that I see the little girl and I see the life you could have had. My mother, I wish, I wish you could have been happy. I wish you weren't treated so badly (*weeping*). Those stories ... I just feel so bad you had to go through all that.

There's much in the above exchange that be analyzed and learned from - how does the therapist help the patient maintain compassion for the mother without engendering a compensatory co-dependence - but I would like to draw particular attention to the therapist's comment, "You want to put her [your mother's] self-loathing aside." As that statement is written, it is a perfectly good intervention, engaging the patient in further self-exploration, creating a portal to compassion and recognition of the fullness of "the other," and so in reading it, our critical faculties minds glide smoothly over it, with a "Check! Good!" But I intentionally mis-punctuated the sentence as an imperative. In fact, in the transcription it is interrogatory: "You want to put her [your mother's] self-loathing aside?" Here, as always, Coughlin Della Selva is keenly aware that the patient *should* put her mother's self-loathing aside and that that is what she unconsciously *wants* to do, but by phrasing the remark as a *question* and not as an interpretation or a command, she allows the patient to make her choice *willfully*, not compliantly. And that encapsulates, as much as any one moment can, the subtle difference between therapy and good therapy.

SOME PROBLEMS.

But there are some problems with the book.

There are several instances where Malan and Coughlin Della Selva, in this reviewer's opinion, make fairly broad claims without offering credible substantiation.

For example, their contention that "... ISTDP is the only empirically validated treatment for many personality disorders ..." (page 313) minimally calls for a clarification of "many" and unequivocal research support. Instead, their 3 corroborating citations are confusing. In Abbass A. (2003 here; listed under their references as 2003b), Abbass mentions personality disorders only once, and contests these authors' very conclusion: "The most recent meta-analysis of STDP reviewed studies of depression, anxiety, *personality disorders*, somatoform disorders, substance use disorders and eating disorders. They found the treatment to be superior to waitlist controls with a large effect size, superior to minimal treatment controls with a moderate effect size and *equally effective to other standard treatments*, such as cognitive behavior therapy." Of their other two citations, Abbass, A. (2000), a study of 128 patients, had only this to say: "Preliminary data from this controlled study suggest STDP has efficacy in treating patients with DSM IV personality disorder."

And Magnavita, J.J. (1997) makes no case for ISTDP's unique "empirically validated" position.

The authors' fervor sometimes causes them to rush ahead of their evidence, as when they state that their patients "reached the full potential that human beings are capable of when they are in harmony with their unconscious. This is a measure of what dynamic psychotherapy can achieve at its most powerful. Only someone steeped in long-term follow-up can say with conviction that these results belong to a *different order of magnitude* from anything seen - or at least published - before." (page 301) Well, as I am not steeped in long-term follow up, I have no idea how anyone can prove that statement, but in the absence of peer-reviewed studies, controlled trials, examples from other N=1 studies (this book, after all, is about the effectiveness of a particular therapy and not of a particular therapist), their conviction seems premature.

The authors claim that unlike patients from other therapeutic models their patients do not display "residual transference problems." To illustrate this they quote from a 10-year follow-up session (page 304):

- Pt I was looking forward to seeing you, and now that it's been several years since you got involved in that project with that businessman, I'm at peace.
- Th So you heard about that. (*It's a small town!*)
- Pt I have tremendous animosity towards him, and I was very disappointed to hear that you contemplated collaborating with him.
- Th Well, it was brief. As soon as I began to see through him I withdrew.
- Pt Good for you. I'm glad to hear. He could charm the pants off anyone, but he's a nasty human being. Having encouraged me to apply for that job here, he stabbed me in the back.

The subtextual nuances of even this brief excerpt, such as the patient's imprecision (Isn't "disappointed" unacceptably vague? What is the visceral feeling of disappointment and who was he disappointed in?), the therapist's evasion of any meaningful explanation for her business involvement ("Well it was brief..."), are, to my ear, suggestive of transferential and countertransferential material and not of "genuine concern for the therapist as one good friend to another (page 304).

For the book's concluding remark, the authors refer to David Schnarch's (1991) classification of "pathological" and "normal" and add, "If there is one aspect of this work that stays in the memory more than any other, it is the ability to convert the appallingly traumatized not into the normal, but into the third category, the blessed few-- something that no one would ever have dreamed possible. Yet this supposedly unattainable dream has become reality." To me, this burdens their seven beautifully realized cases with a heavier weight than they can support.

PROBLEMS WITH STRUCTURE

As evidence that ISTDP can be of benefit to many patients and that these seven cases present a remarkable in vivo view of ISTDP at work, this book is well worth *anyone's* attention.

But I think devoting a single chapter to the Malans' hypotheses and criteria, rather than inserting them into the case transcripts, would have better served the book. I don't know how any reader can be expected to keep in mind that Jennie Malan said one thing, while David Malan said another, and then to observe which things actually occur as they continue to read the ongoing therapy. I know I couldn't.

Of greater concern is my sense that this "scientific experiment" cannot stand up to scrutiny. Science, as I understand it, is about testing hypotheses in conditions where bias can be minimized or eliminated to achieve results that can be replicated by others. Among the problems with these authors' "scientific experiment" is that, because the cases were not chosen at random, the evaluators knew they already had successful outcomes. And because the evaluators are both supporters of ISTDP and intimately familiar with Coughlin Della Selva's work, without impugning the unquestioned integrity of all concerned, one would expect an unconscious paradigmatic bias on the part of the evaluators which mirrors and supports the paradigmatic constructs of the therapist. (If a CBT team were doing this

experiment, they would expect to see “faulty thought structures” as root causes of a patient’s problem. As the CBT therapy progressed, is there any doubt they would indeed see faulty thought structures?) Even more questionable is the authors’ revelation that David Malan had previously read descriptions of three of the cases, which surely should have been considered a contamination of results. Instead the authors write that, since he couldn’t remember anything about them, “for all practical purposes, he can be counted as blind ...”(page 240) Well, no, he can’t be.

In this reviewer’s opinion, the authors’ justifications of their study sounds more like a rationalization of what they’ve already done, rather than a model for what they ought to have done. For instance Malan and Coughlin Della Selva counter the need for outside/independent evaluators with the following (page 117): “ A point that is never considered in the literature on follow-up is that an interviewer only learns the real truth within an atmosphere of *maximum rapport*. It is quite clear that no one is more likely to achieve this than the therapist herself. The absence of rapport with another human being is the most serious deficiency of all paper-and-pencil tests and, indeed, of all purely question-and-answer interviews, no matter how ‘reliable’ and ‘validated’ the results may appear to be.”

Because they present no support for their belief that an interviewer only learns the truth in an atmosphere of *maximum rapport*, much less than it “is quite clear “that only the therapist can achieve this, they appear to be promoting as an objective truth what is only a proposition. Their contention that “only the therapist herself ” can achieve “maximum rapport” depends on their unproven stance against the possibility of residual transference and their ignoring the possibility that patients just might want to lie. I doubt that I’m the only therapist who has ever been assured by an alcoholic patient that his growth and sobriety continue unabated, only to be informed by a significant other that the truth was somewhat different.

OVERALL CONCLUSION

Even with these critical remarks, Lives Transformed is in many, many ways, a lovely piece of work. It’s been on my desk for a few weeks and several times I’ve picked it up for reasons that have nothing to do with reviewing it. All the techniques that make this therapeutic model unique are amply discussed and displayed, and each patient’s remarkable changes, in symptom relief, in functioning, in being, is stirring. In observing this rigorous yet pliant, methodical yet flowing process, I was both deeply moved and re-enthused by the power of ISTDP