Assessing and managing Crisis using ISTDP
2022 Swiss ISTDP Immersion

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DALHOUSIE UNIVERSITY
Inspiring Minds

ISTDP SWISS SOCIETY FOR INTENSIVE SHORT-TERM DYNAMIC PSYCHOTHERAPY

Upcoming Immersion with Borderline Patient

- You are welcome to this June 1-3 course using the Core Training discount cost
- It is 17-2400 your time.
- All video subtitled in English
- Link is Here:

https://www.eventbrite.com/e/bringing-structural-change-in-the-fragile-patient-3-day-imm-wdr-abbass-tickets-211475858987

Jun 01

Bringing Structural Change in the Fragile Patient: 3-Day IMM w/Dr. Abbass

by ISTDP San Diego - Tami Chelew & Matt Jarvinen

227 followers Following

- Overall plan for the course
  - Overview of ISTDP model
  - Crisis and ISTDP
  - Crisis sessions across the spectrum
  - 3 supervision cases

Central Points

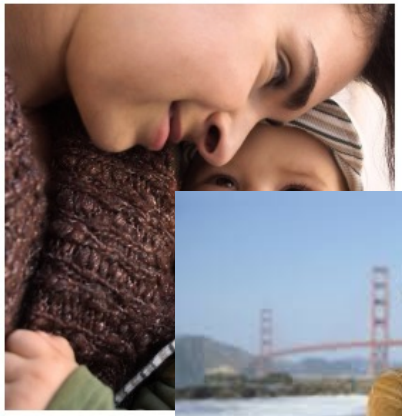
- ISTDP has broad use as a treatment for diverse psychiatric presentations
- ISTDP requires development of an intrapsychic crisis to open the unconscious
- When patients are in crisis there is some risk but also possible access to the unconscious
- In crisis patients have changes in anxiety and defense patterns that may need to be managed
- With management, crisis sessions can be a huge leap forward for patients

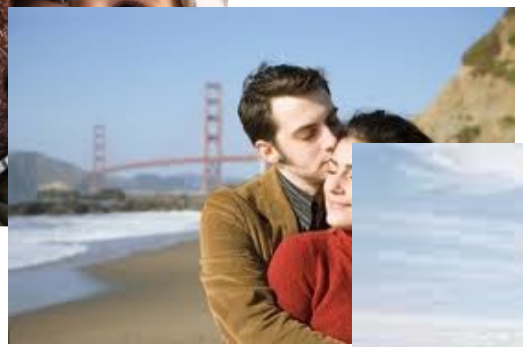
Crisis and ISTDP

- ISTDP works in part by causing an intrapsychic crisis, loosening and changing defenses, leading to access to the unconscious
- Crisis can result from intra-psychic and or extra-psychic events
- Anything that causes defenses to shift can bring a crisis
- Any increase in self love or good events is a major risk for crisis in resistant and fragile patients
- When you hear “Crisis” think “Opportunity”

Metapsychology of the Unconscious

BOND
With
Parents





BOND
With
Others

BOND With Parents

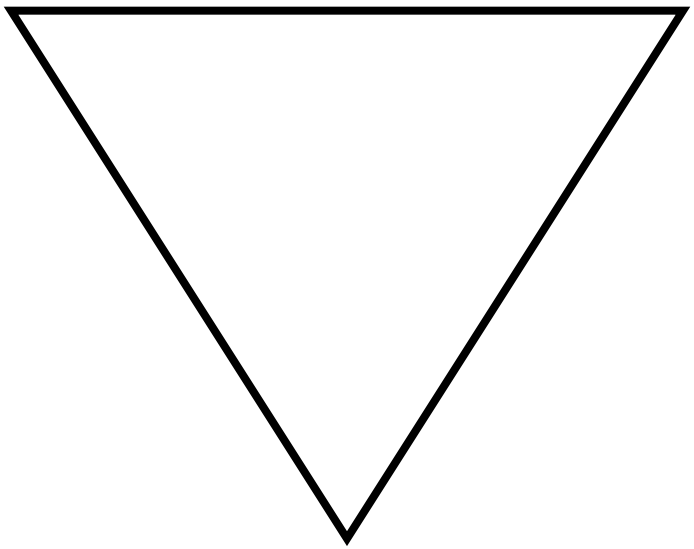
Trauma

PAIN
FEAR

Rage, Guilt about the Rage

Self-destruct
Symptoms
Somatization

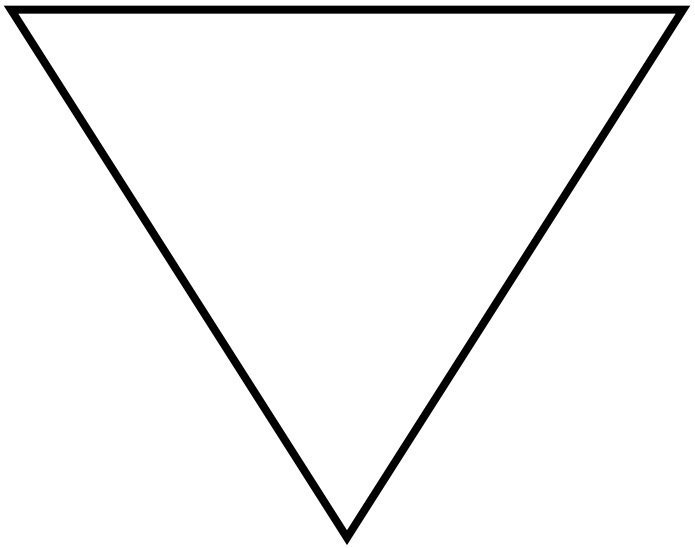
Transference (Therapist/ Doctor)



Current person

Past person

Unconscious Defense

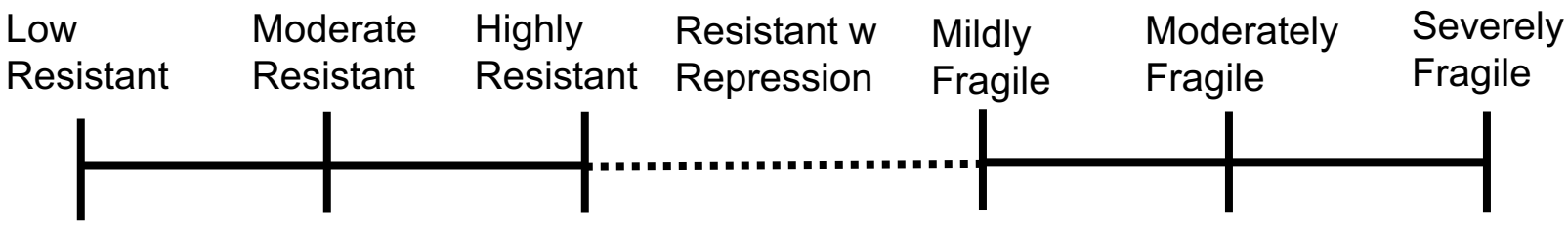


Unconscious Anxiety

Unconscious Impulses & Feelings

Spectrum of Psychoneurotic Disorders

Spectrum of Patients with Fragile Character Structure



Violent Rage

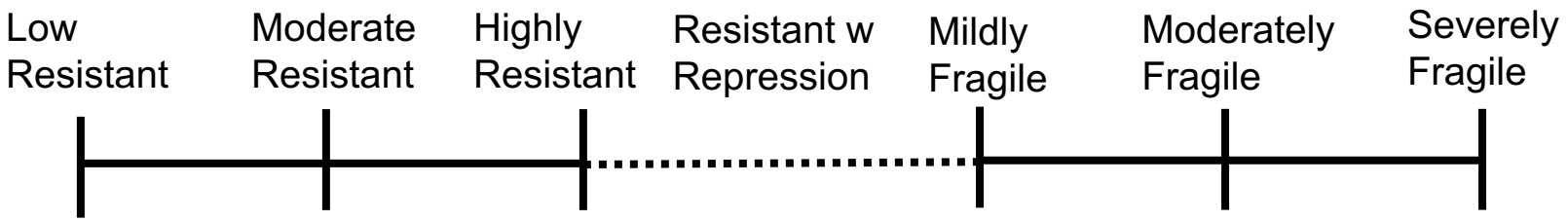
Murderous Rage

Primitive Murderous Rage

Primitive Torturous Rage

Spectrum of Psychoneurotic Disorders

Spectrum of Patients with Fragile Character Structure



Striated Muscle + Isolation of affect

Smooth Muscle/Conversion + Repression

Cognitive-Perceptual Disruption + Primitive Defenses

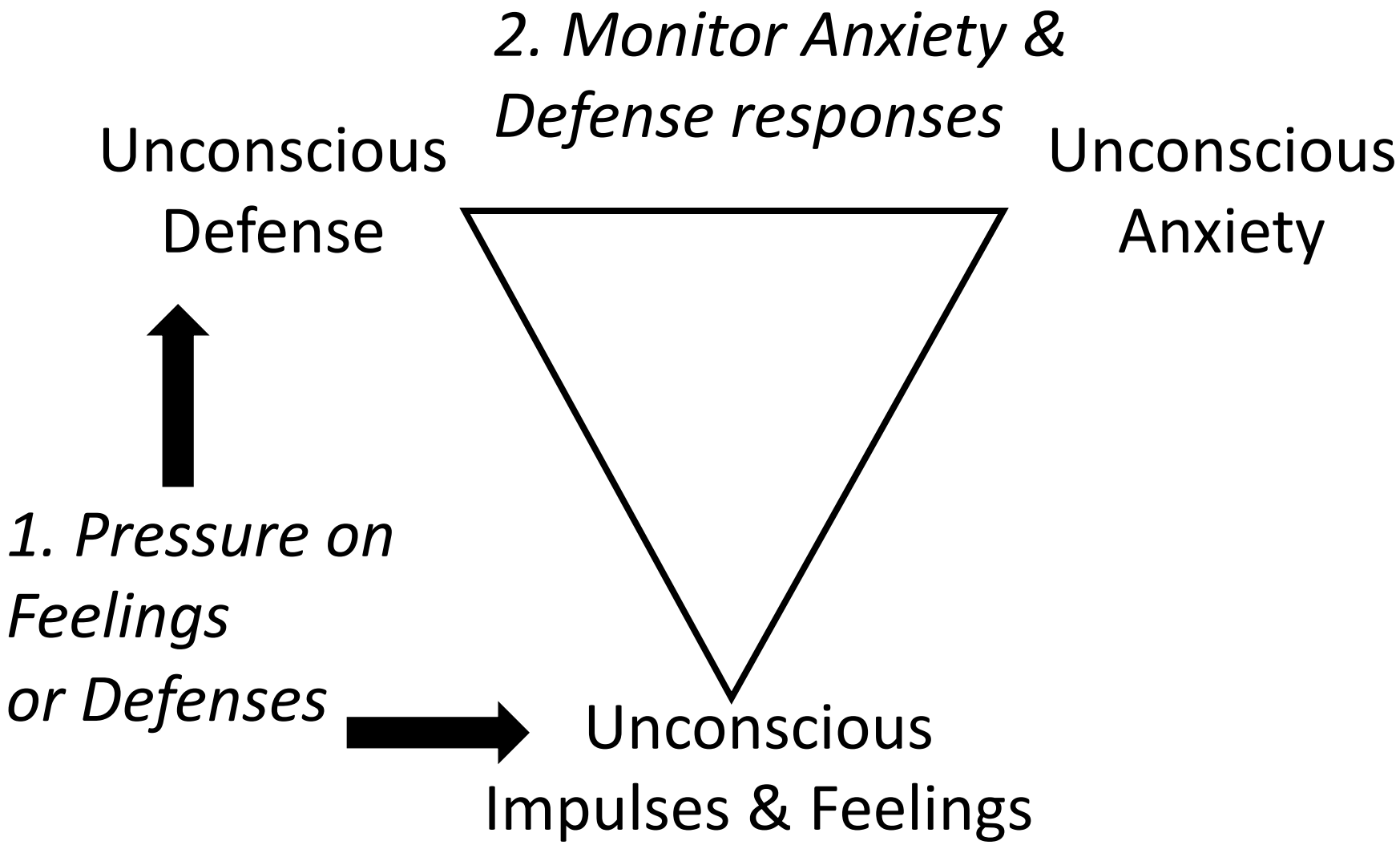
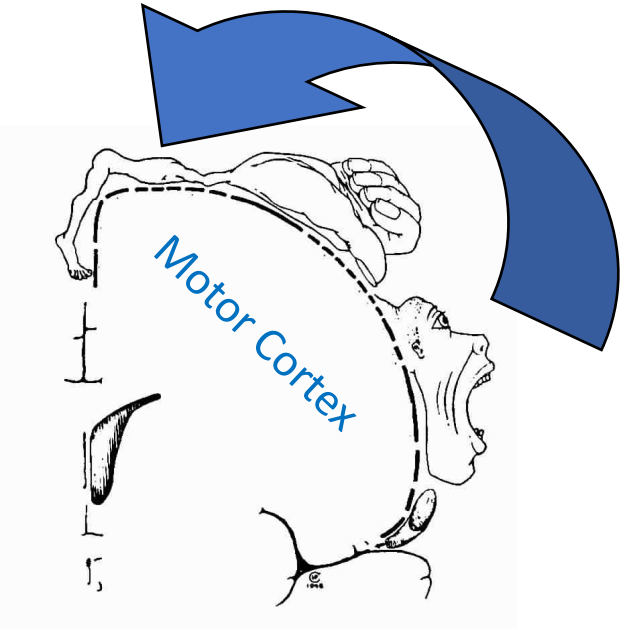

2. Monitor Anxiety &
Defense responses
Unconscious
Defense
Unconscious
Anxiety
1. Pressure on
Feelings
or Defenses
Unconscious
Impulses & Feelings

Table 9.1 Examples of pressure

Types of pressure	Examples	Defense being worked upon
Pressure to feelings	How do you feel? How do you experience the feeling? What does the rage want to do?	Emotional avoidance and repression
Pressure to task	Can we examine how this problem affects you? Can we explore how this anxiety affects your body?	Self-neglect, tendency to be unfocused
Pressure to be specific	Can you describe a specific example of when you had the symptoms?	Vagueness
Pressure to the person's will	Is it your wish that we examine this?	Compliance and defiance
Pressure to positive regard for oneself	Let's see what we can do so you will have a good feeling about yourself and what you are doing for yourself.	Self-hatred and resistance of guilt
Pressure to encourage active collaboration	How do you suggest we approach this problem?	Passivity and compliance
Pressure against character defenses	Are you sure now is the time to solve this problem?	Character defenses such as procrastination, habitual nonverbal avoidance, externalization

Striated Muscle Unconscious Anxiety

- **Hands Clench**
- Arms, Shoulders, Neck
- Intercostal: **Sigh**
- Abdomen, back
- Legs and Feet



→ Hyperventilation, Fibromyalgia, headache, chest pain, abdominal wall pain, tremors, tics

- See with Isolation of Affect

Smooth Muscle Unconscious Anxiety

- Gastrointestinal
- Vascular, Coronary Arteries
- Bronchi
- Bladder
- → Abdominal Pain, Irritable Bowel Syndrome, Dyspepsia, Migraine, Pelvic Pain
- Mediated by Repression of feelings

Cognitive-perceptual Disruption

- Dissociation, losing track of thoughts, poor memory, fainting
- Visual blurring, blindness
- Dysfunction of other senses
- Hallucinations in all 5 senses: Can perceive Pain and other symptoms
- Can alternate with Projection and conscious fear
- Seen with Projection of feelings and impulses, splitting and projective identification

Motor Conversion: Muscle weakness

- → Neurology Consultation and Emergency Departments
- Seen with Repression
- Common with Pseudoseizures
- No muscle tension anxiety when conversion is active

Sympathy symptoms

- Guilt about rage causes the same symptoms as a person unconsciously wanted to induce in another.
- Common Examples:
  - Strangling → Choking
  - Head damage → headache
  - Chest damage → chest pain

Complex Transference Feelings (CTF)

- = appreciation plus irritation toward the therapist
- Due to pressure and challenge to customary defenses
- Linked to the past bond, trauma, pain, rage and guilt about rage.

Unconscious Therapeutic Alliance

- The unconscious healing force
- Mobilized by activating the complex transference feelings
- Brings mental images of past relational trauma and clear linkages to trauma

Mid rise in CTF	High rise in CTF	Partial unlocking	Major unlocking
R >> UTA Whispers from the alliance: concise understanding	R > UTA Negation, slips of the tongue	R < UTA Rage, grief: clear linkages	R << UTA Rage and Guilt: image transfer

Initiating ISTDP: Steps

- 1. Handle barriers to engagement
- 2. Find the Front of the System
- 3. Psychodiagnosis
- 4. Monitor and work with 5 parameters

- These will determine next interventions, pace and expected processes

Examples of Barriers to engagement

- No internal problem
- Procrastination
- Syntonic Defiance: Don’t want to deal with it
- Syntonic Compliance: going along
- Entrenched Syntonic Passivity
- Suicidal

STEP 2: Find the Front of the System

1. Activated and avoided complex feelings: focus on the cognitive and somatic experiences of the underlying complex feelings.

2. Active defenses at the front: turn him against the defences in the room and focus on underlying feelings.

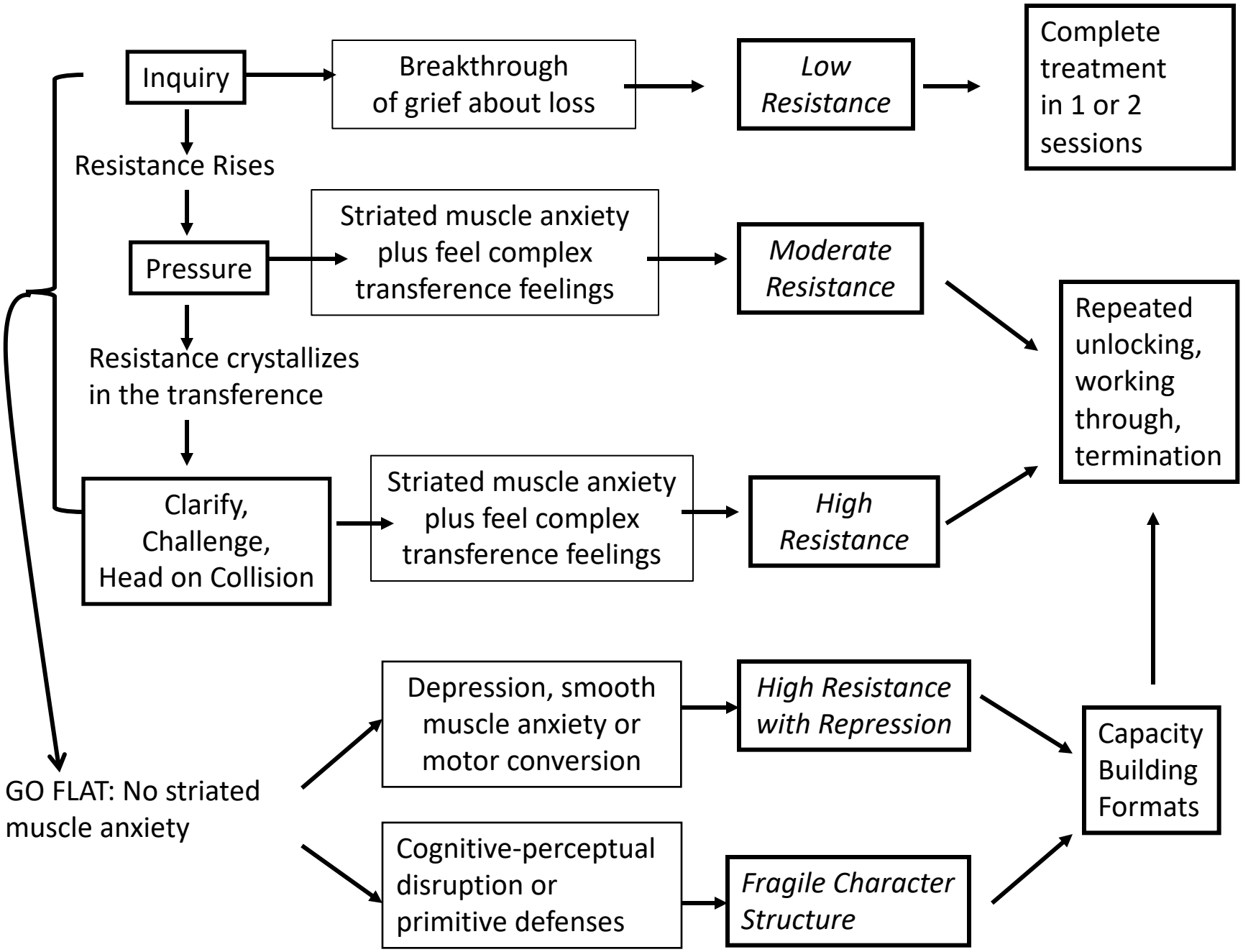
4 Fronts

3. Active Unconscious Anxiety: focus on the underlying feelings. If anxiety is too high, reduce it by recapping or reviewing bodily symptoms.

4. No activation: Take history. Explore problem areas searching for signs of anxiety and resistance.

STEP 3: Psychodiagnosis: 6 responses

- Feel Feelings with inquiry: Low Resistant
- Feel feelings after pressure: Moderate R
- Defend: High Resistance
- Go Flat: Repression: High r with repression
- Go Flat: Projection or CPD: Fragile
- No Response: Search for the anxiety and resistance


Inquiry
Breakthrough of grief about loss
Low Resistance
Complete treatment in 1 or 2 sessions
Resistance Rises
Pressure
Striated muscle anxiety plus feel complex transference feelings
Moderate Resistance
Resistance crystallizes in the transference
Repeated unlocking, working through, termination
Clarify, Challenge, Head on Collision
Striated muscle anxiety plus feel complex transference feelings
High Resistance
GO FLAT: No striated muscle anxiety
Depression, smooth muscle anxiety or motor conversion
High Resistance with Repression
Capacity Building Formats
Cognitive-perceptual disruption or primitive defenses
Fragile Character Structure

STEP 4: Monitor 5 Parameters

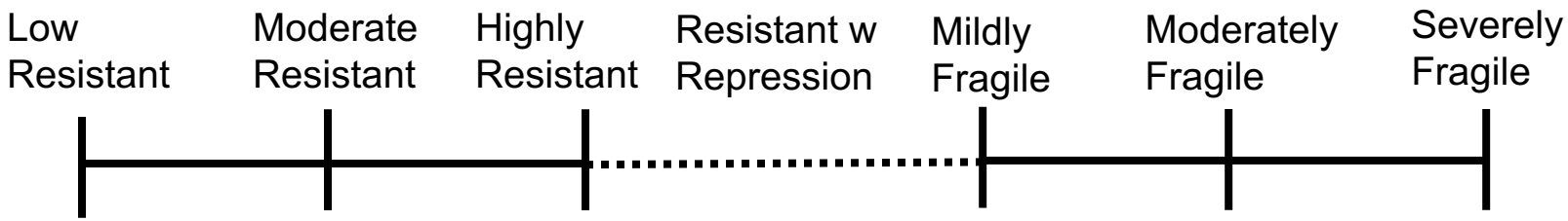
1. *Active unconscious anxiety pathways*: striated muscle, smooth muscle, cognitive-perceptual disruption.
2. *Active major defense patterns*: isolation of affect, repression, projection, and resistance of guilt (superego).
3. *Degree to which resistances are syntonic versus dyst*onic: how much the patient identifies with his defenses.

5 Parameters

4. *Degree of rise in the transference*: low-, mid-, high-rise in CTF, or an already mobilized UTA.
5. *Presence of thresholds and how high thresholds are*: low moderate or high threshold to smooth muscle anxiety, CPD, repression or projection.

Spectrum of Psychoneurotic Disorders

Spectrum of Patients with Fragile Character Structure



Striated Muscle + Isolation of affect

Smooth Muscle/Conversion + Repression

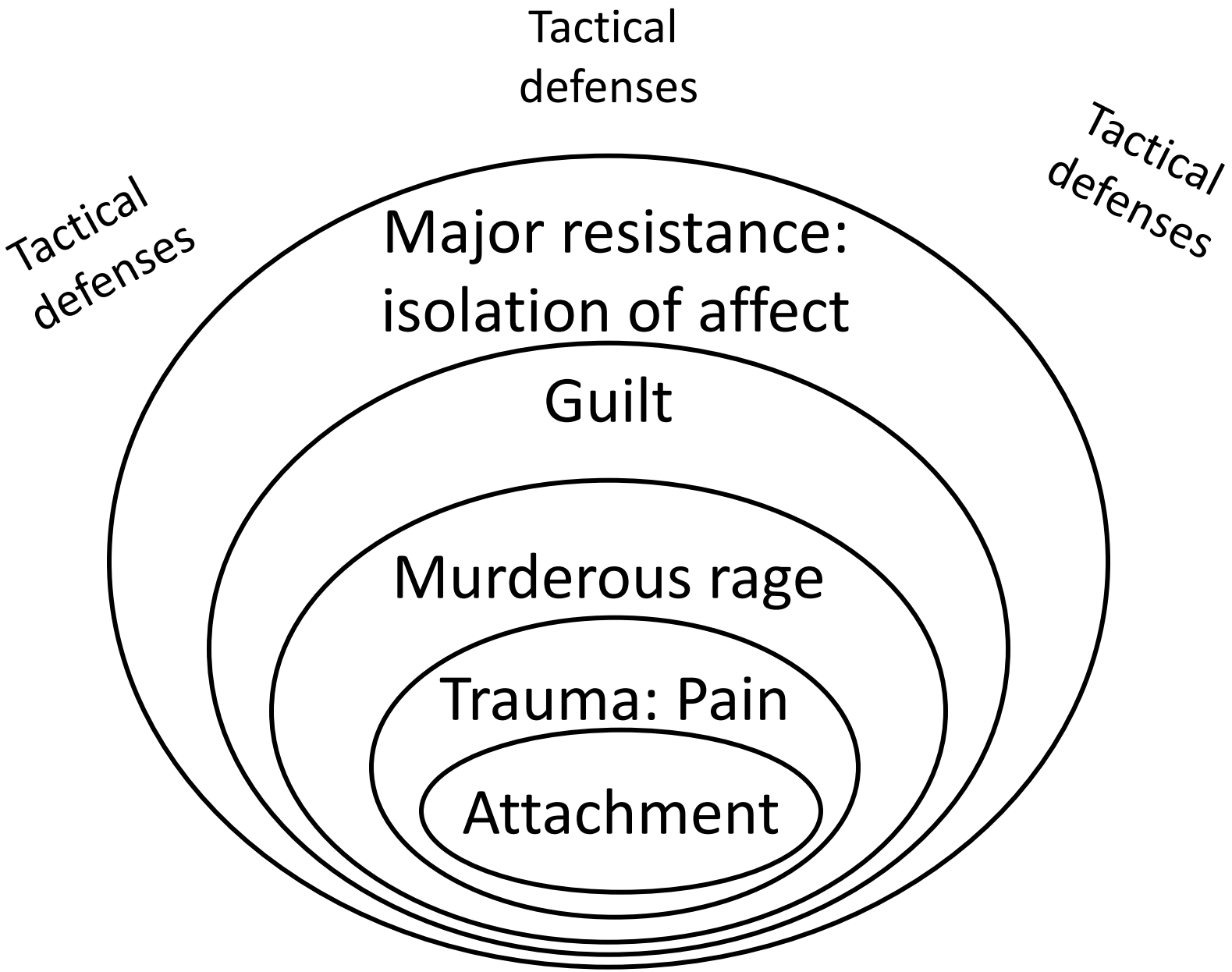
Cognitive-Perceptual Disruption + Primitive Defenses

Low resistant Patient

- Any Unconscious Anxiety is Striated
- Minor Tactical defenses only
- No Rage in the unconscious = No major pathology
- These patients rarely present with any crisis

Moderate resistant patient

- Tend to respond to most treatments
- Have murderous rage and guilt and grief
- Anxiety is striated muscle
- Main defense is intellectualization
- Focus on feelings mobilizes the unconscious therapeutic alliance


Tactical defenses
Tactical defenses
Tactical defenses
Major resistance: isolation of affect
Guilt
Murderous rage
Trauma: Pain
Attachment

Tactical vs Major Defenses

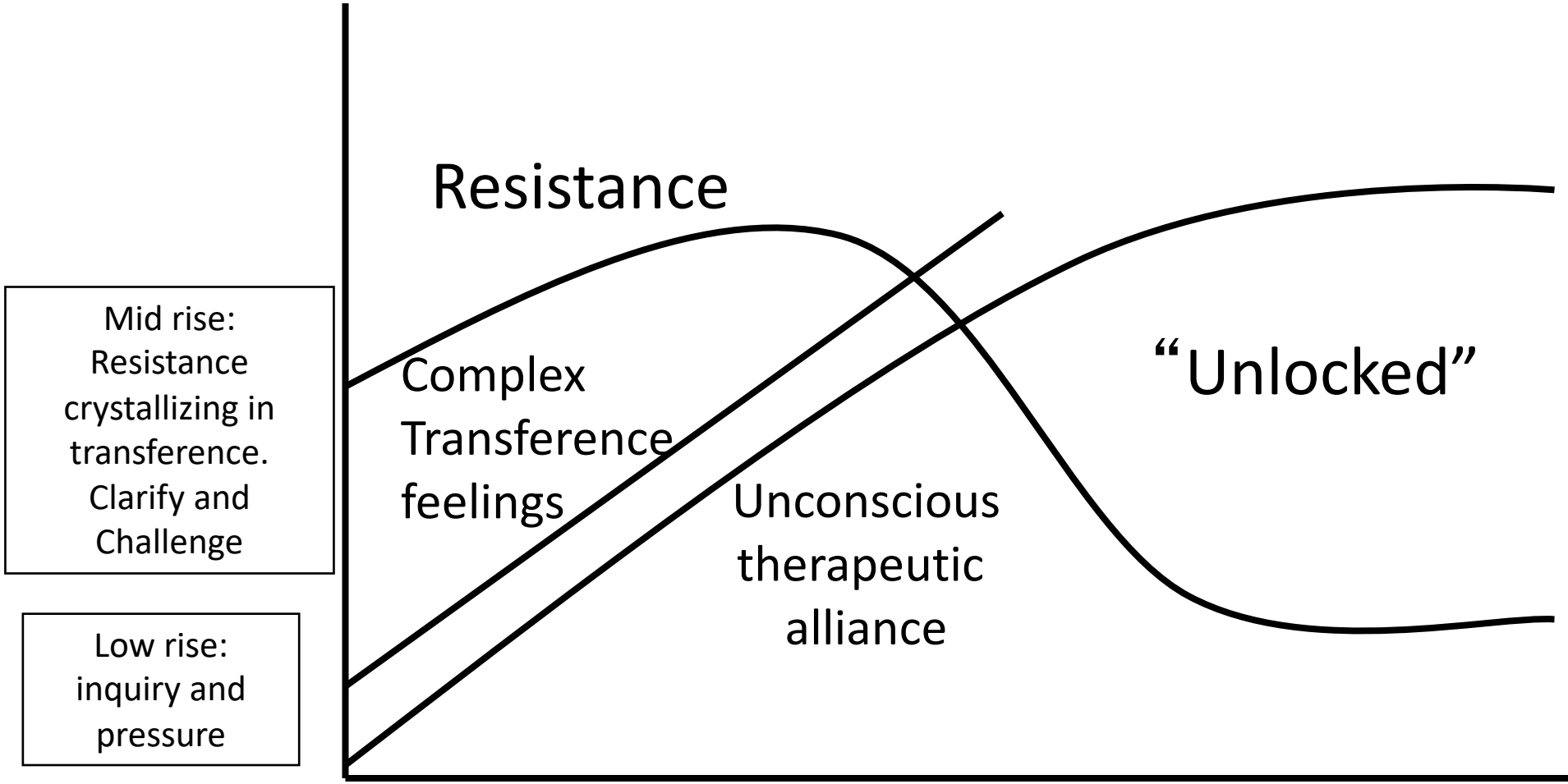
Figure 2.2 Continuum of tactical to major defenses

Tactical Defenses:
Try to divert the therapist

- Cover words
- Indirect speech
- Blanket statements
- Jargon
- Rumination
- Vagueness
- Rationalization
- Diversification
- Externalization
- Denial
- Indecisiveness
- Defiance
- Talking to avoid
- Body movements as defense
- Compliance

Unlocking of the Unconscious
Moderate Resistance

- Pressure and limited challenge: Complex Transference Feelings are experienced: anxiety and defence are removed or reduced
- Unconscious Therapeutic Alliance becomes higher than resistance
- Images of the unconscious emerge
- Exploration with experience of feelings
- Recap and treatment planning
- Short course up to 10 meetings


Resistance
Mid rise: Resistance crystallizing in transference. Clarify and Challenge
Complex Transference feelings
Unconscious therapeutic alliance
"Unlocked"
Low rise: inquiry and pressure

Spectrum of Mobilization

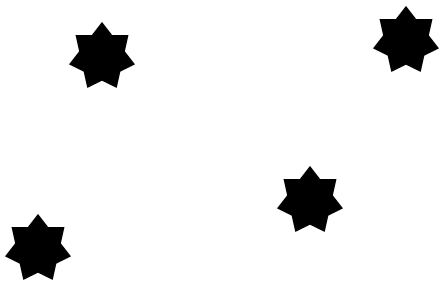
- Low Rise: Flat process: Little to no unc anxiety/defense present
- Mid rise:
  - Resistance starts to *crystallize* between patient and therapist
    - Breaking eye contact
    - Slowing
    - Ruminating
  - Tense Muscles
- UTA: May see “negation” or “Whisper from UTA”
- Intervention: Clarify and challenge Defenses and Maintain Pressure

Challenge Davanloo 1999

- This is done only when the resistances are crystallizing in the therapeutic relationship (transference*)*, when they are an obstruction to the *therapeutic bond* and task
- First, clarify the defences with the Patient
- Then pressure: encourage the patient to overcome the resistances with you
- Finally, challenge the defences in concert with the patient.

Low rise

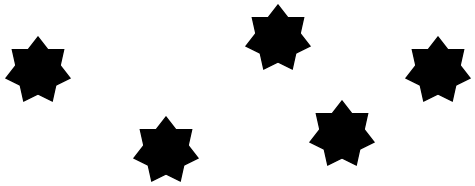
Therapist



Patient

Mid rise

Therapist



Patient

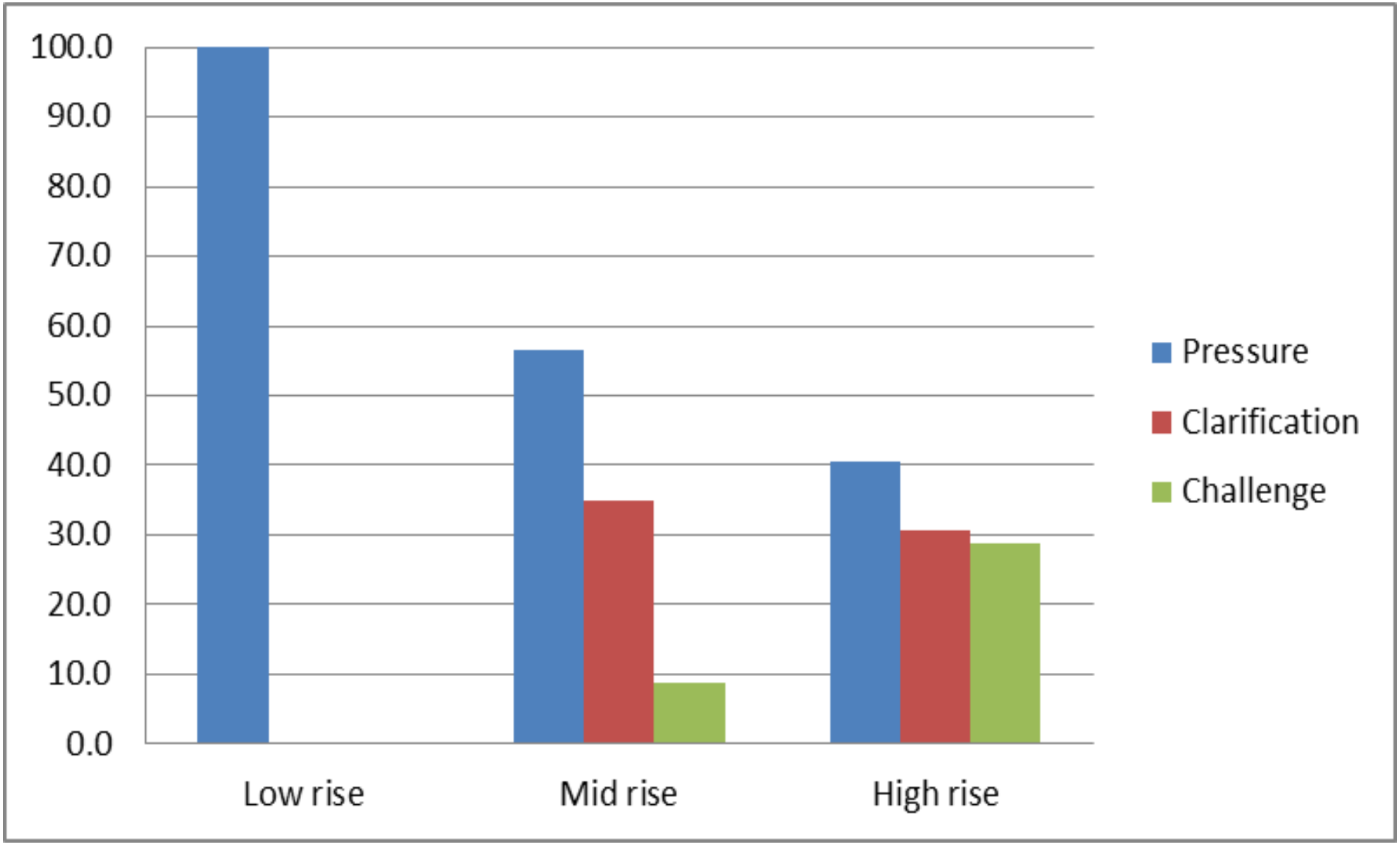
High rise

Therapist

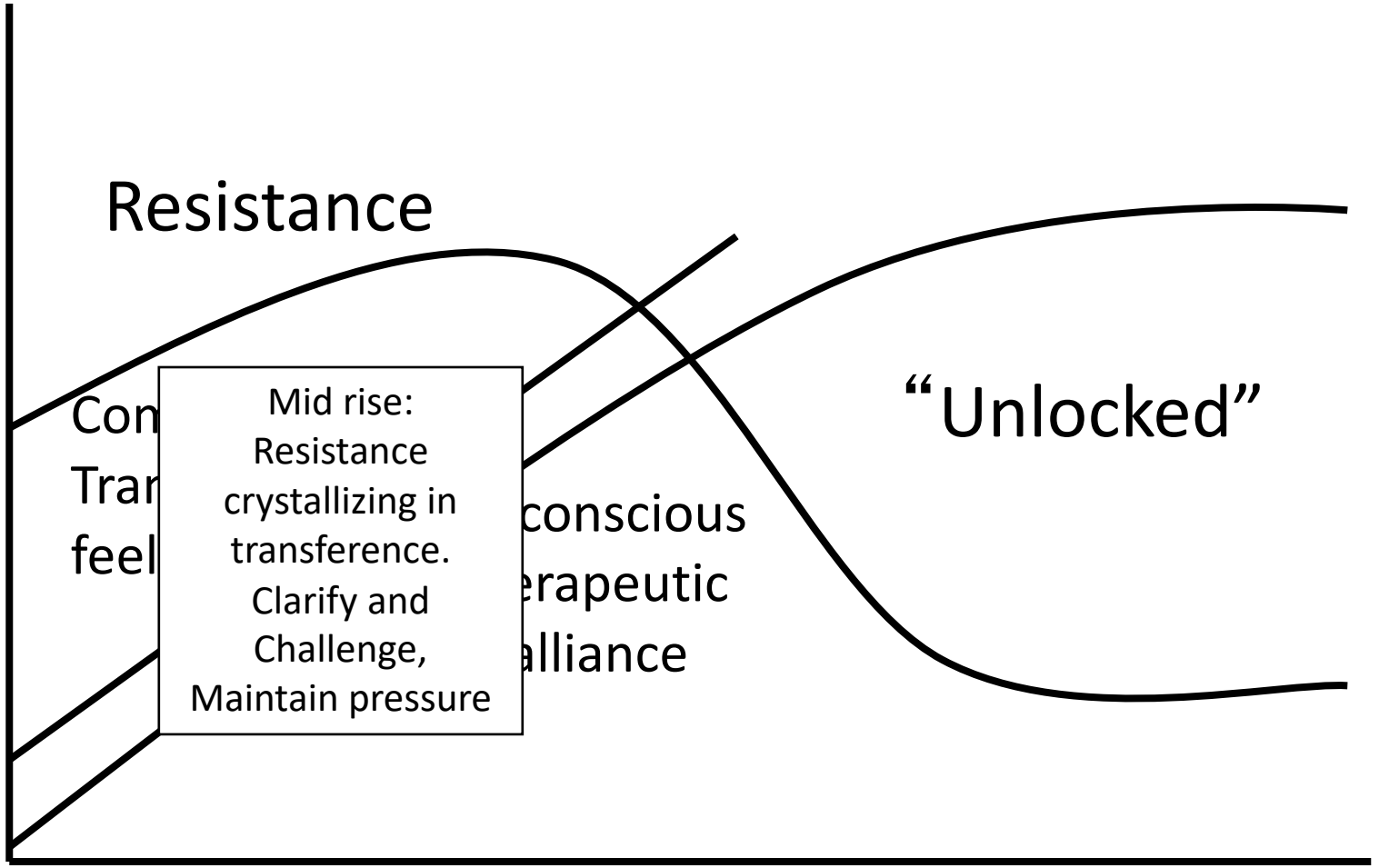
Patient

= Defense

Percentage of Pressure, Clarification, Challenge interventions at low, mid, and high rise.

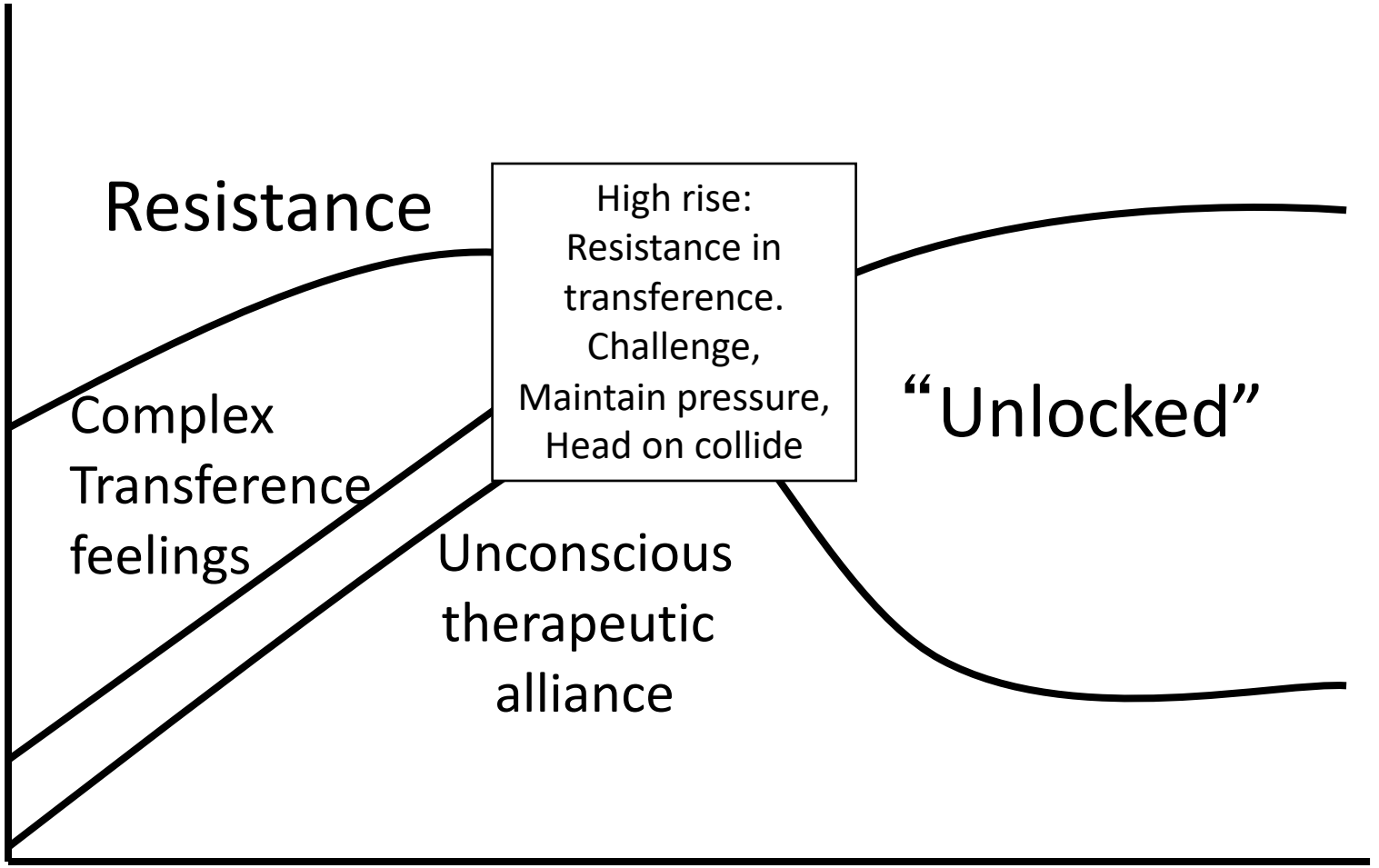


Slide by D Bechard MN


Resistance
Con
Trar
feel
conscious
erapeutic
alliance
“Unlocked”
Mid rise:
Resistance
crystallizing in
transference.
Clarify and
Challenge,
Maintain pressure

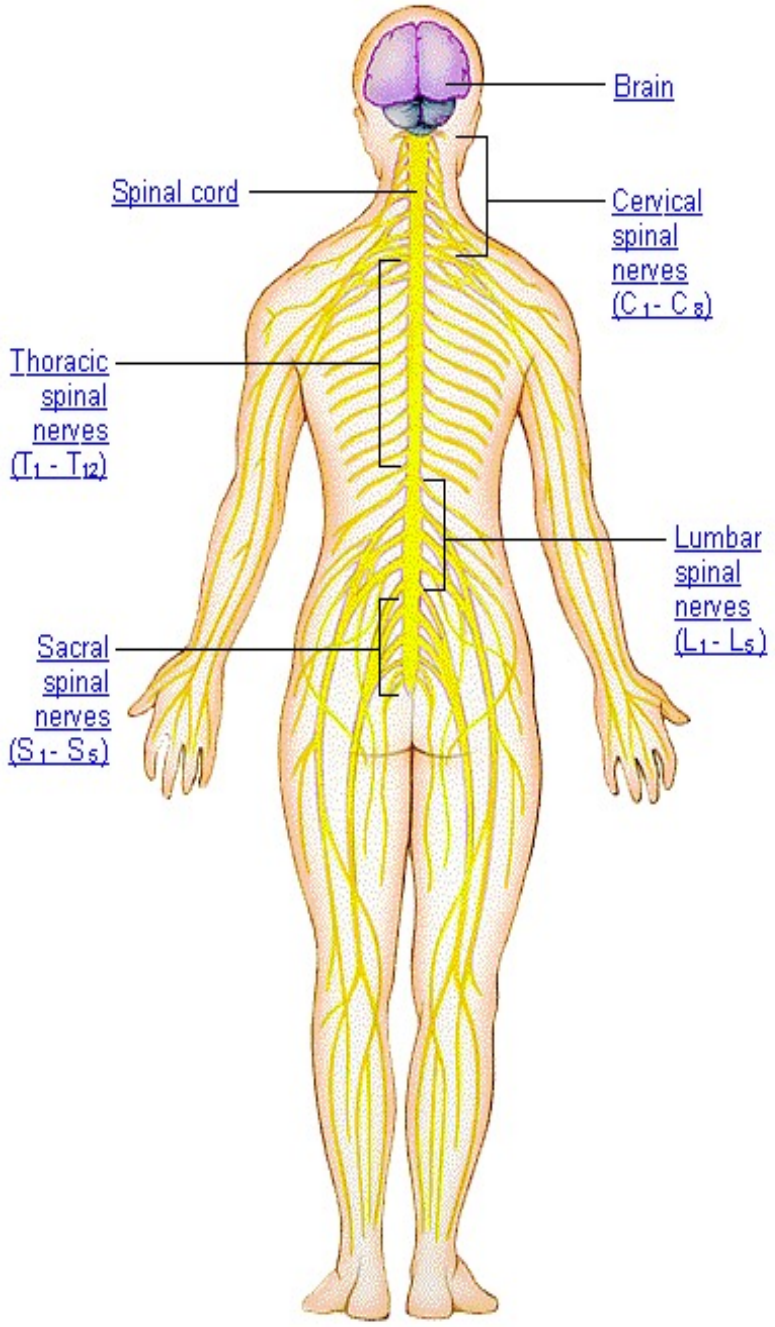
Spectrum of Mobilization 3

- High Rise
  - High degree of crystallization of defenses in the transference.
  - Battle between Resistance and the Unconscious Therapeutic Alliance. Whispers and Negation.
  - High tension in muscle
- Intervention: “Head on Collision”: high challenge and pressure on defences


Resistance
High rise:
Resistance in transference.
Challenge,
Maintain pressure,
Head on collide
“Unlocked”
Complex
Transference
feelings
Unconscious
therapeutic
alliance

Striated Muscle
Anxiety
Goes Down Body

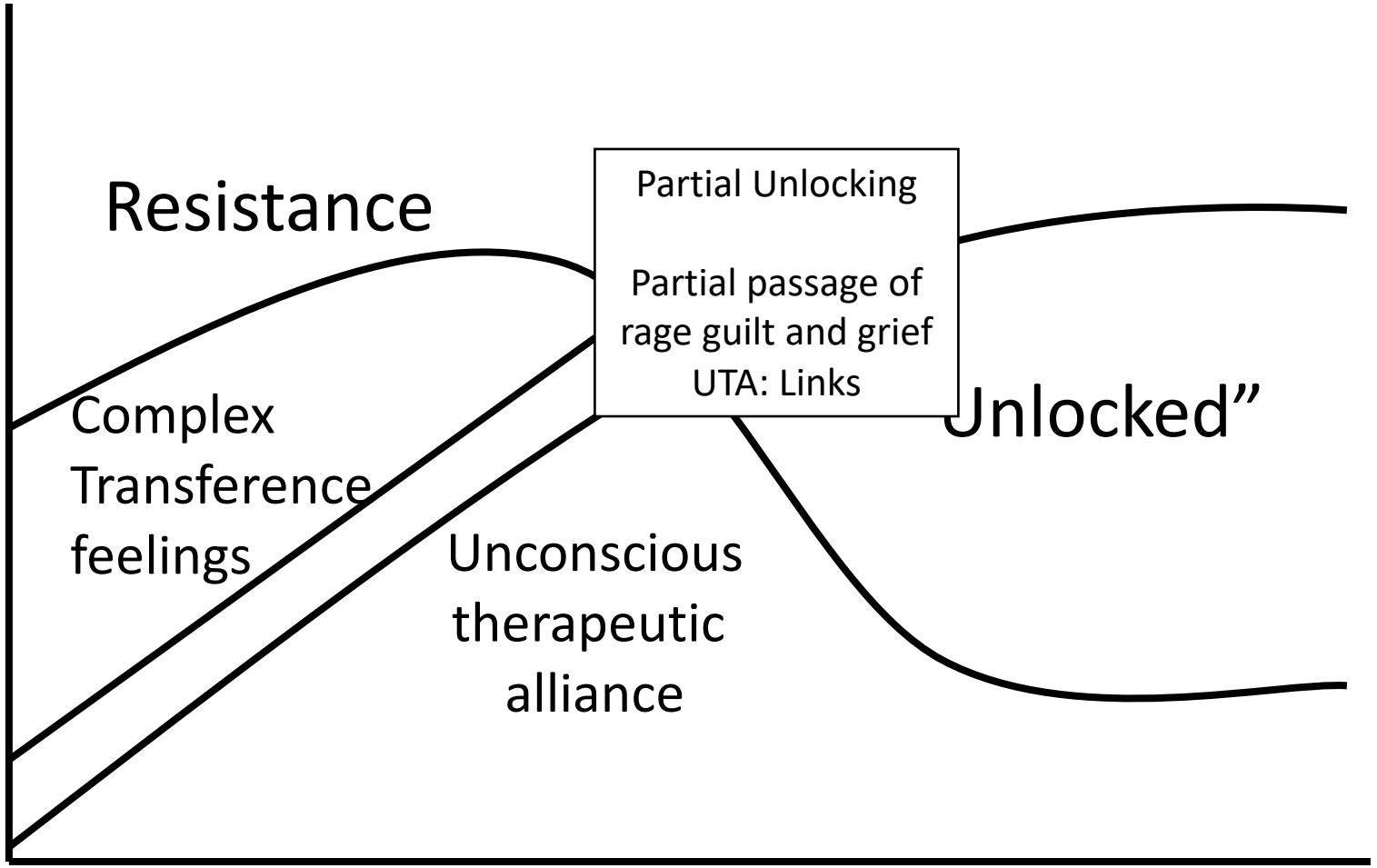
Neurobiological
Pathway of
Rage: goes up same
system displacing
somatization



AMA Atlas online

Spectrum of Mobilization 5

- First breakthrough: some passage of grief with linkage to past or recent person
- Partial Unlocking: somatic pathway of love, rage, guilt and grief are experienced to small degree: vivid link to past person.

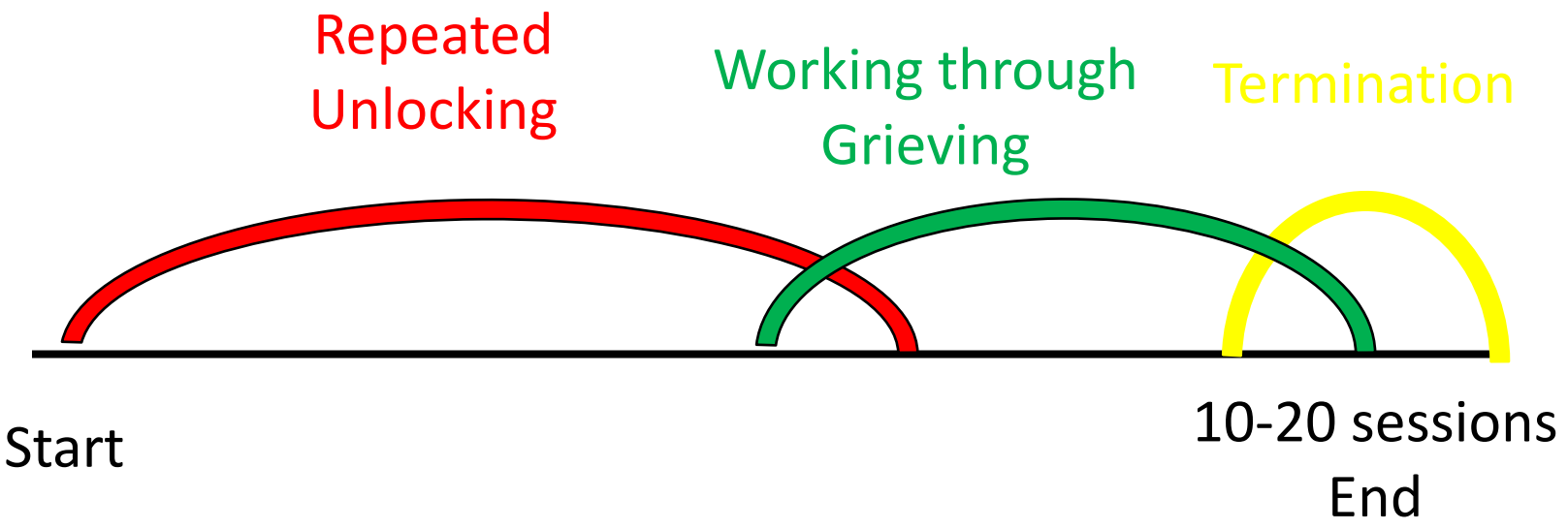

Resistance
Partial Unlocking
Partial passage of rage guilt and grief
UTA: Links
Unlocked”
Complex Transference feelings
Unconscious therapeutic alliance

After Unlocking

- UTA leads process to key areas
- Feelings are experienced
- Recapping in between
- Deepening insight and planning the work that needs to be done
- Recap at end

Later phases

- Repeated unlocking
- Working through
- Termination

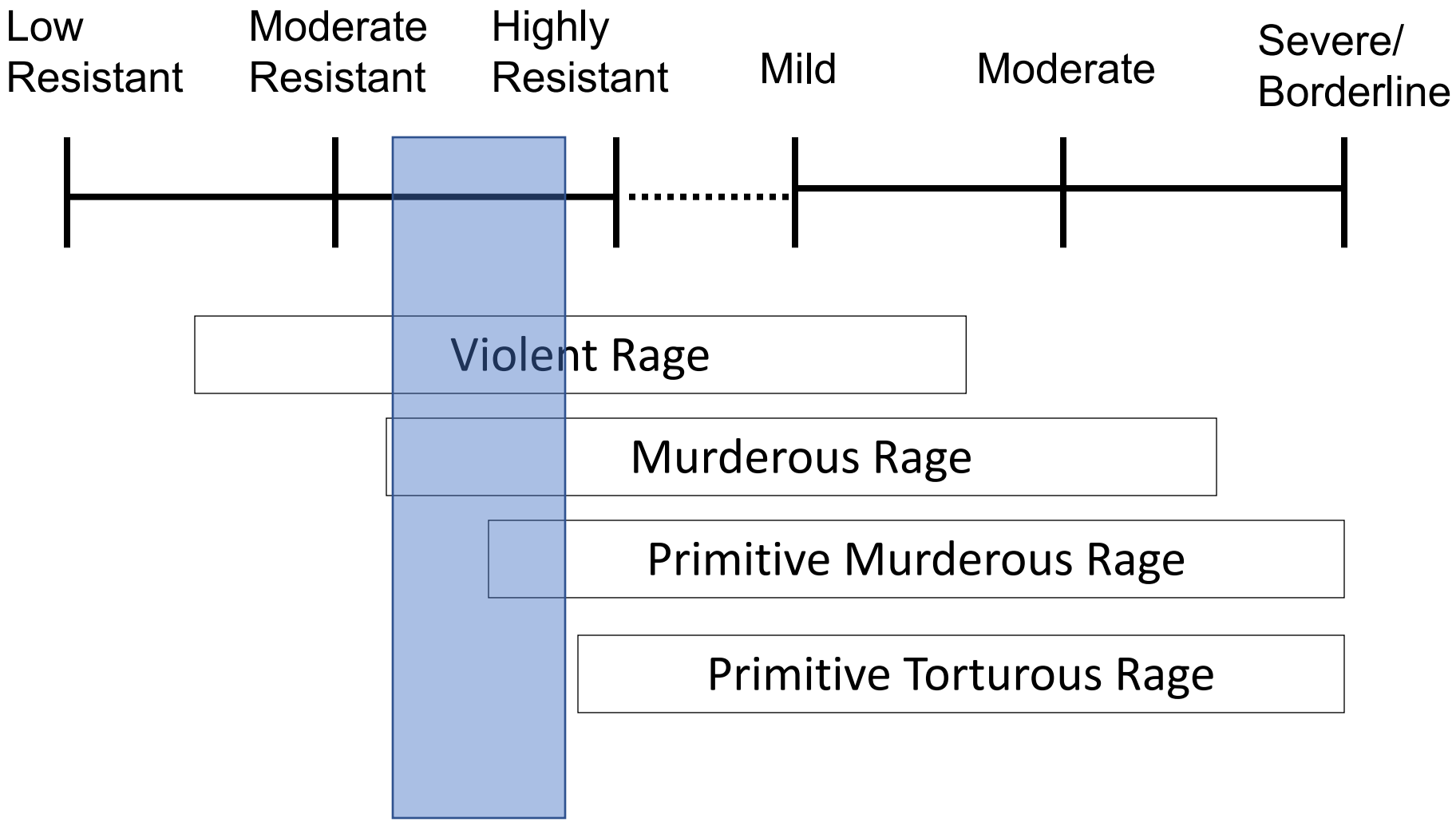


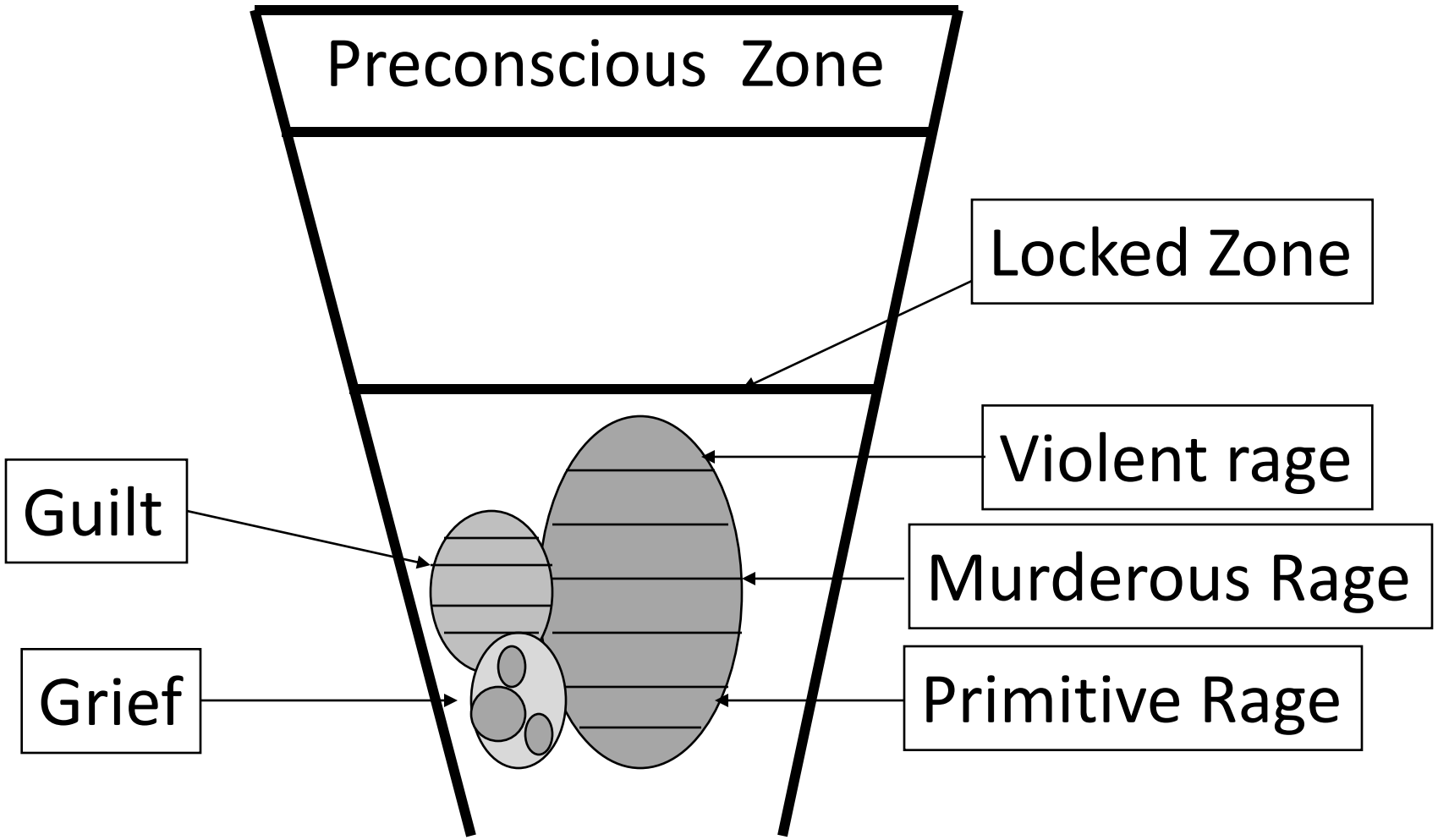
Somatic pathways of feelings

- Love: rising warmth, urge to smile and embrace
- Rage: rising heat up chest to head then down arms: tension and anxiety stop
- Guilt about rage: Hard waves, pain in upper chest. Feel as if have just murdered loved one.
- Grief: tears, painful feeling in chest. Waves not as hard and distinct as guilt. Not as loud or painful.

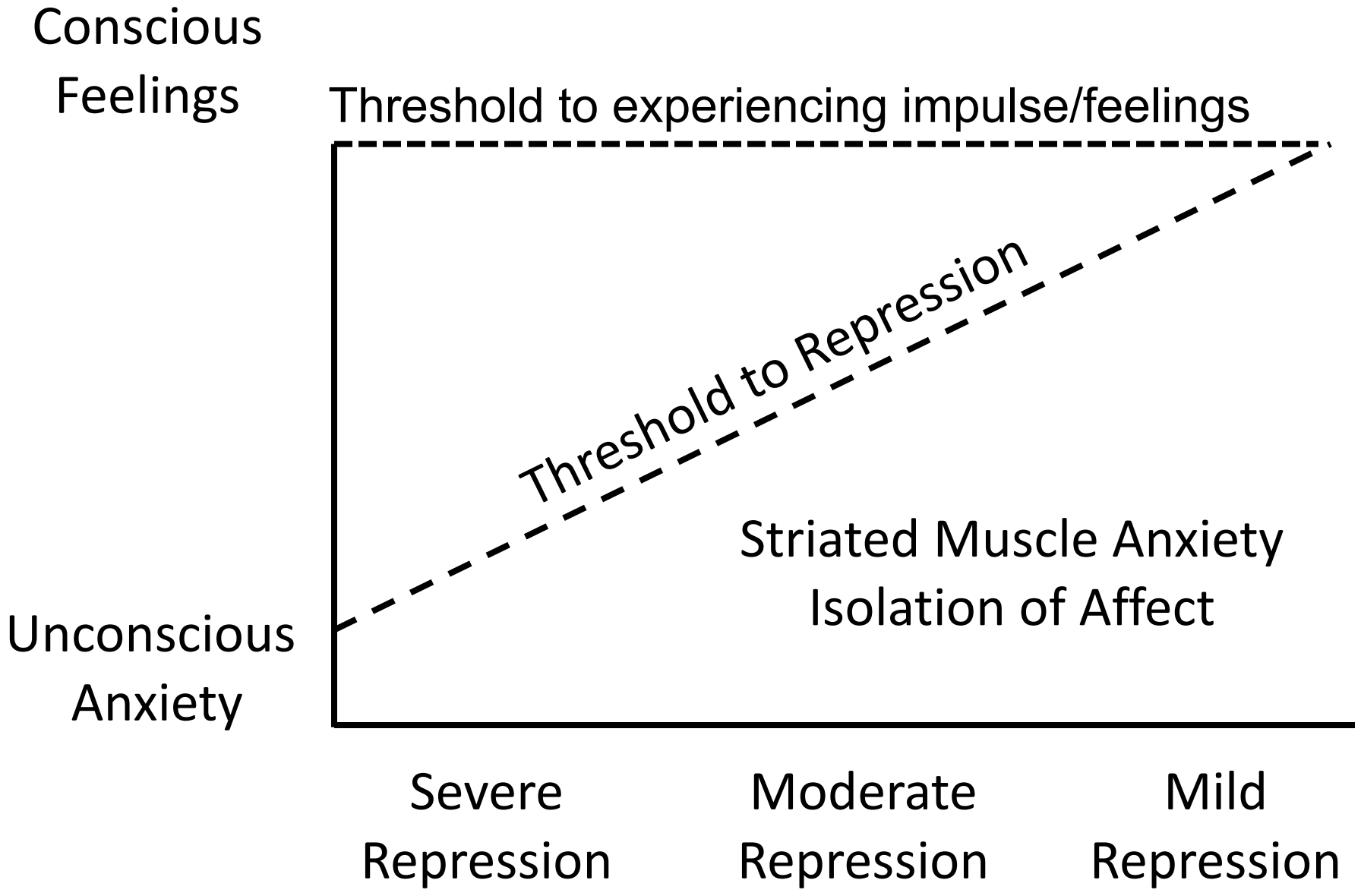
Spectrum of Psychoneurotic Disorders

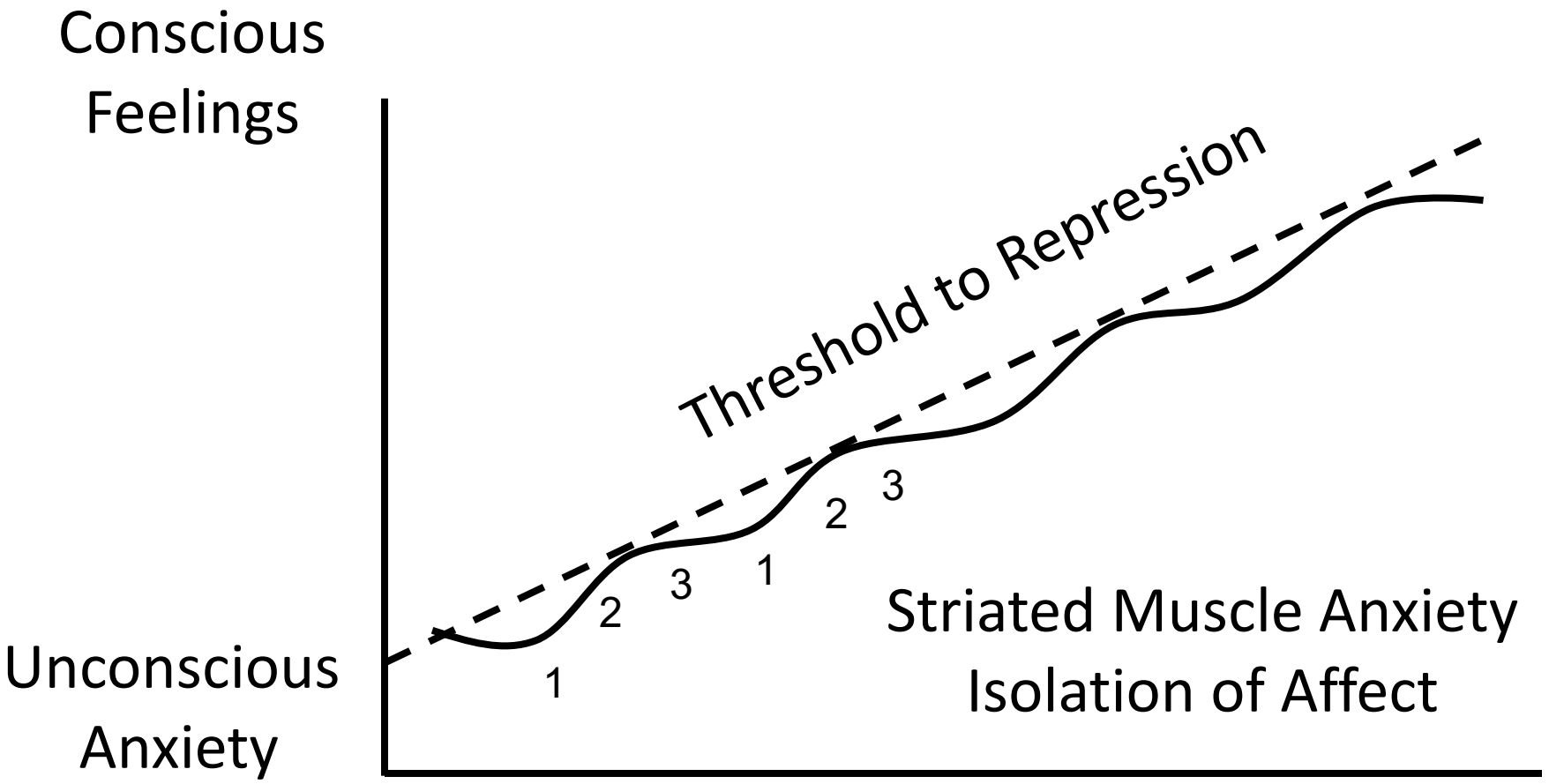
Spectrum of Patients with Fragile Character Structure




Preconscious Zone
Locked Zone
Violent rage
Guilt
Murderous Rage
Grief
Primitive Rage

Crisis in moderate and high resistant patients without repression usually is due to mobilization of intense guilt laden rage


Conscious
Feelings
Threshold to experiencing impulse/feelings
Threshold to Repression
Striated Muscle Anxiety
Isolation of Affect
Unconscious
Anxiety
Severe
Repression
Moderate
Repression
Mild
Repression

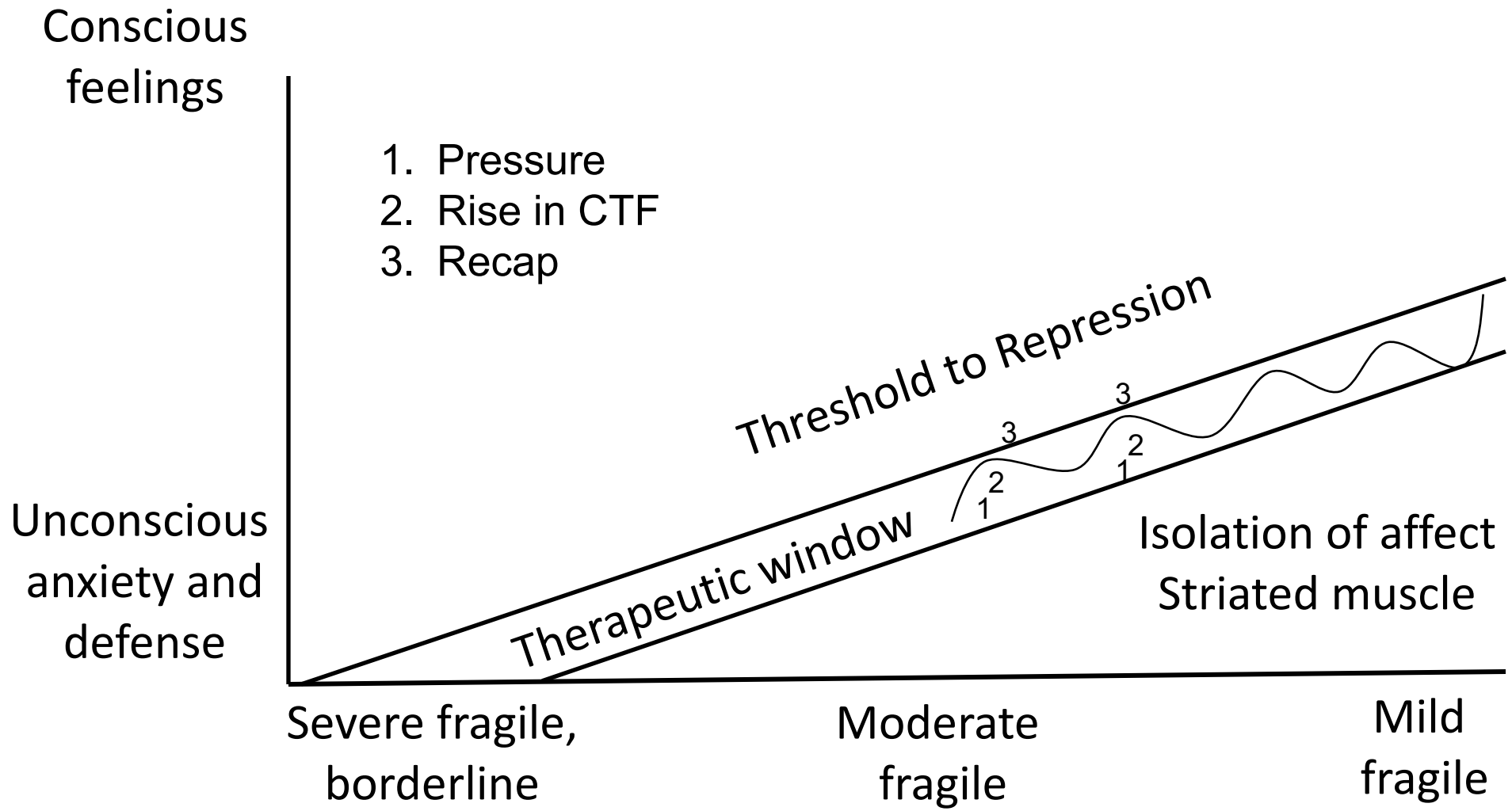


1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

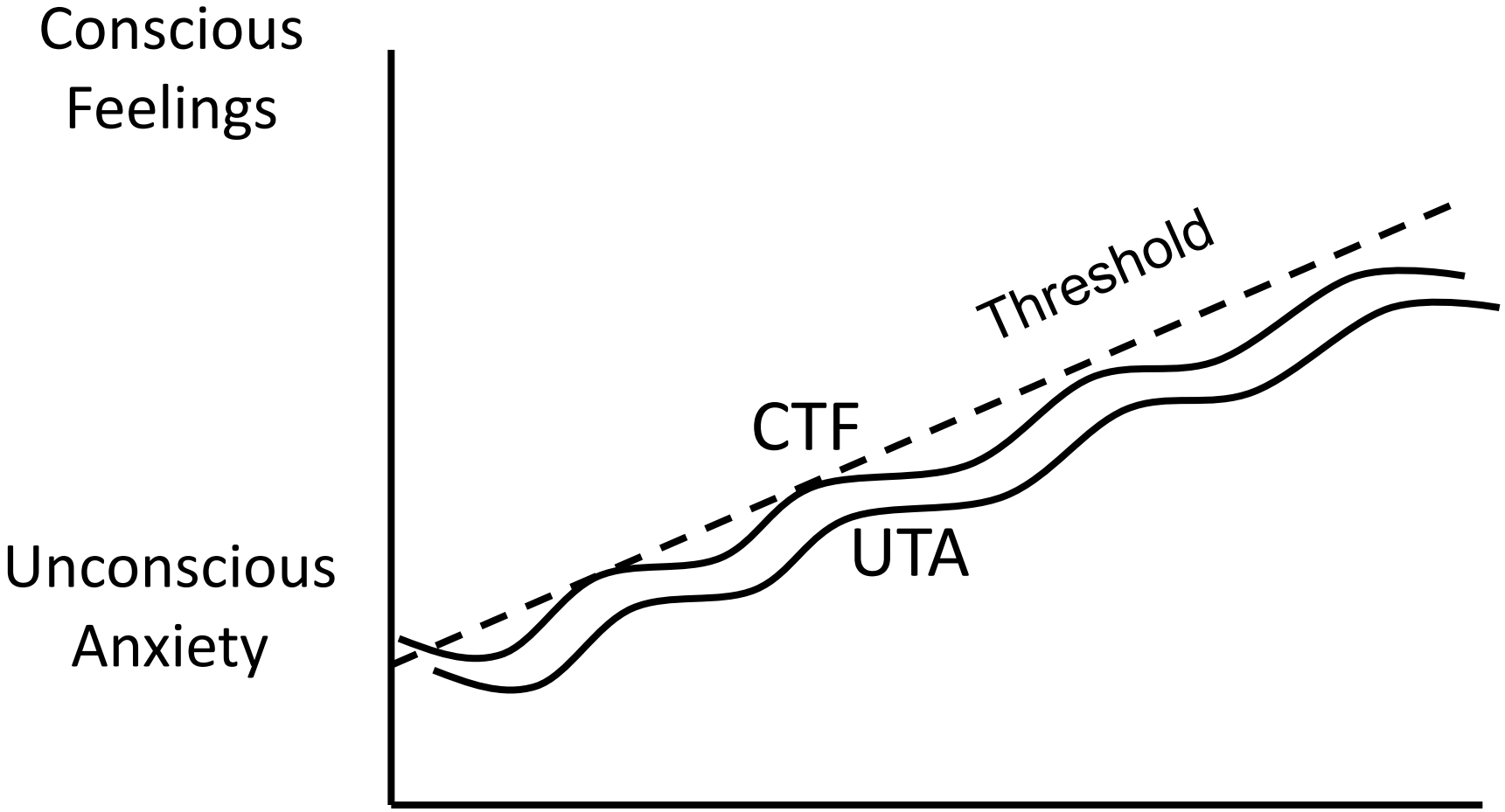
Techniques to reduce acute anxiety

- Recap: Isolate affect
- Focus on body cues
- Explore projections
- Change station T→ C or C→ C or C→ T
- In some cases Add Pressure → Rise in CTF drops conscious anxiety

Activate brain self reflective centres


Conscious feelings
1. Pressure
2. Rise in CTF
3. Recap
Threshold to Repression
Therapeutic window
1
2
3
1
2
3
Unconscious anxiety and defense
Isolation of affect
Striated muscle
Severe fragile, borderline
Moderate fragile
Mild fragile

UTA RISES WITH CTF



Use when below thresholds

Evoke feelings
Activate somatic pathway of rage
Develop images

Fire limbic areas including amygdala

Use to optimize rise without being over threshold

Combine both self-reflection and pressure

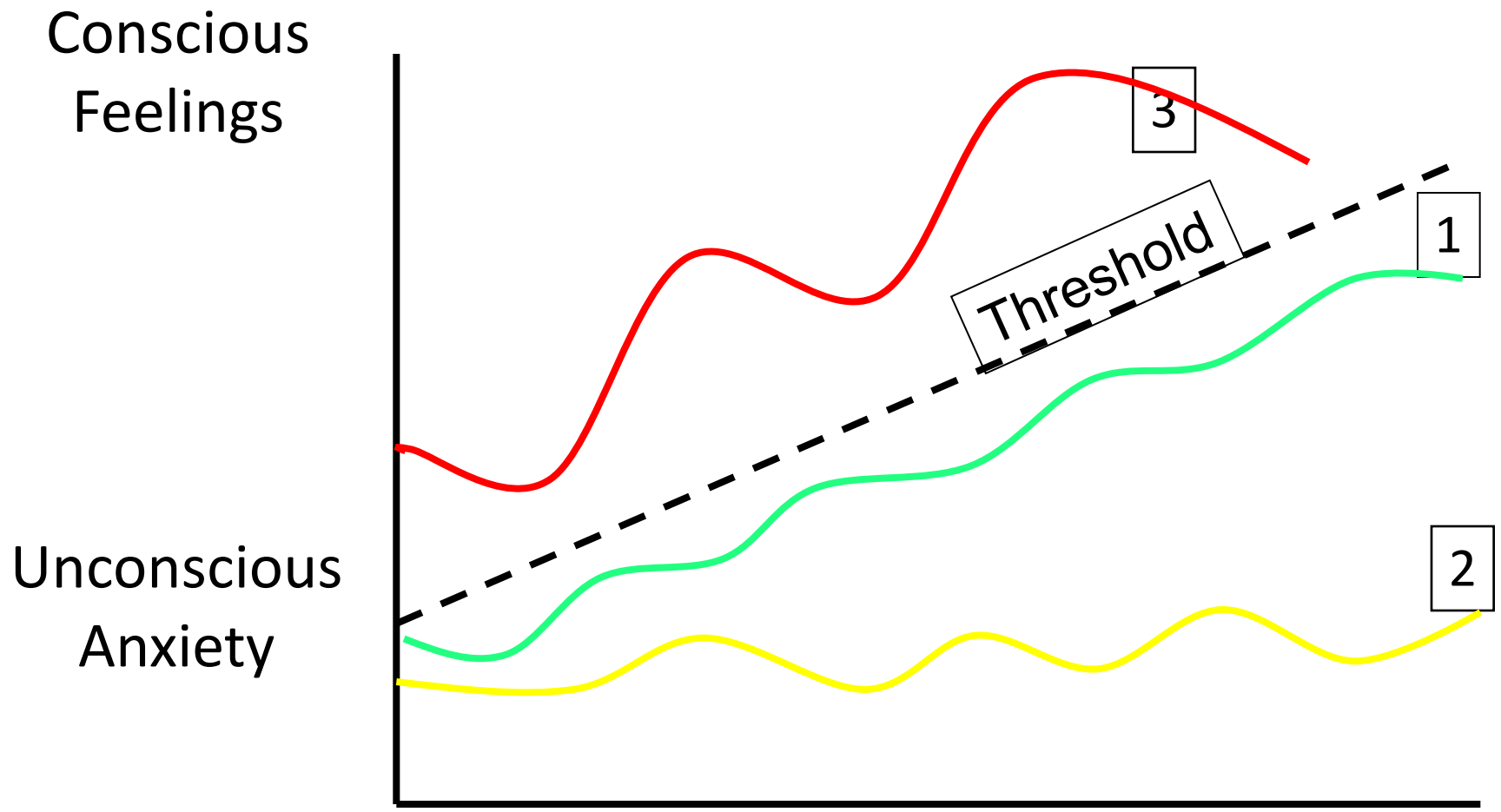
Train brain to fire both functional regions together

Use when above thresholds

Self-reflect
Link phenomena
Observe the body
Observe thoughts

Fire brain self-reflective centers

Abbass, Reaching Through Resistance, 2015

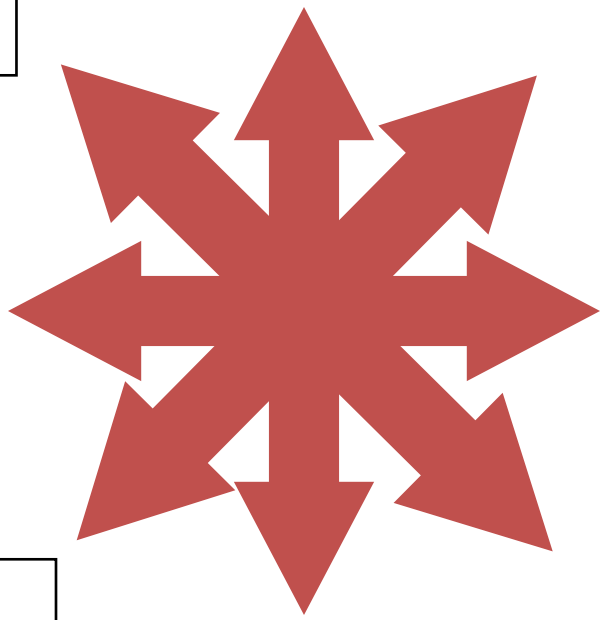

Conscious
Feelings
Unconscious
Anxiety
3
Threshold
1
2

Economy of Suffering: Repression Patients

Anxiety

Suicidal ideas or self harm

Passivity, avoidance



Self neglect

Dependence/ Addiction

Somatization: weakness

No work or $$$

Self hatred

Depression

When to press through Regressive defenses

- Pressure reduces the overall distress level and mobilizes hope and UTA
- The CTF displaces anxiety and focuses the patient into the here and now
- It can reduce the level of conscious anxiety
- You can press through:
  - When anxiety is mainly in voluntary muscle
  - When patient can isolate affect
  - When patient is not over threshold into confusion or primary smooth muscle pathway

Fragile Character Structure Patients

- Dissociate, lose vision, lose hearing, hallucinate
- Projection, splitting, projective identification
- Need capacity building then look neurotic
- Pre and post: structural changes→ Striated muscle tension and isolation of affect
- Then regular breakthrough of underlying feelings, working through and termination

Table 16.1 Treatment phases with mild to moderate fragile character structure

Phase	Task
Initial evaluation and trial therapy	Management of barriers to engagement, detection of the rotating fronts, psycho-diagnosis, evaluation of thresholds and determination of pace of treatment
Graded format	Build capacity to tolerate anxiety and to overcome projection, cognitive-perceptual disruption, self-attack, and repression; building of capacity to bear complex feelings
Repeated unlocking	Experience of repressed pain, rage, guilt, and craving of attachment
Working through	Mobilization and experience of residual grief, rage, and guilt. Consolidation of gains.
Termination	Closure of the therapy relationship over ten to twenty sessions

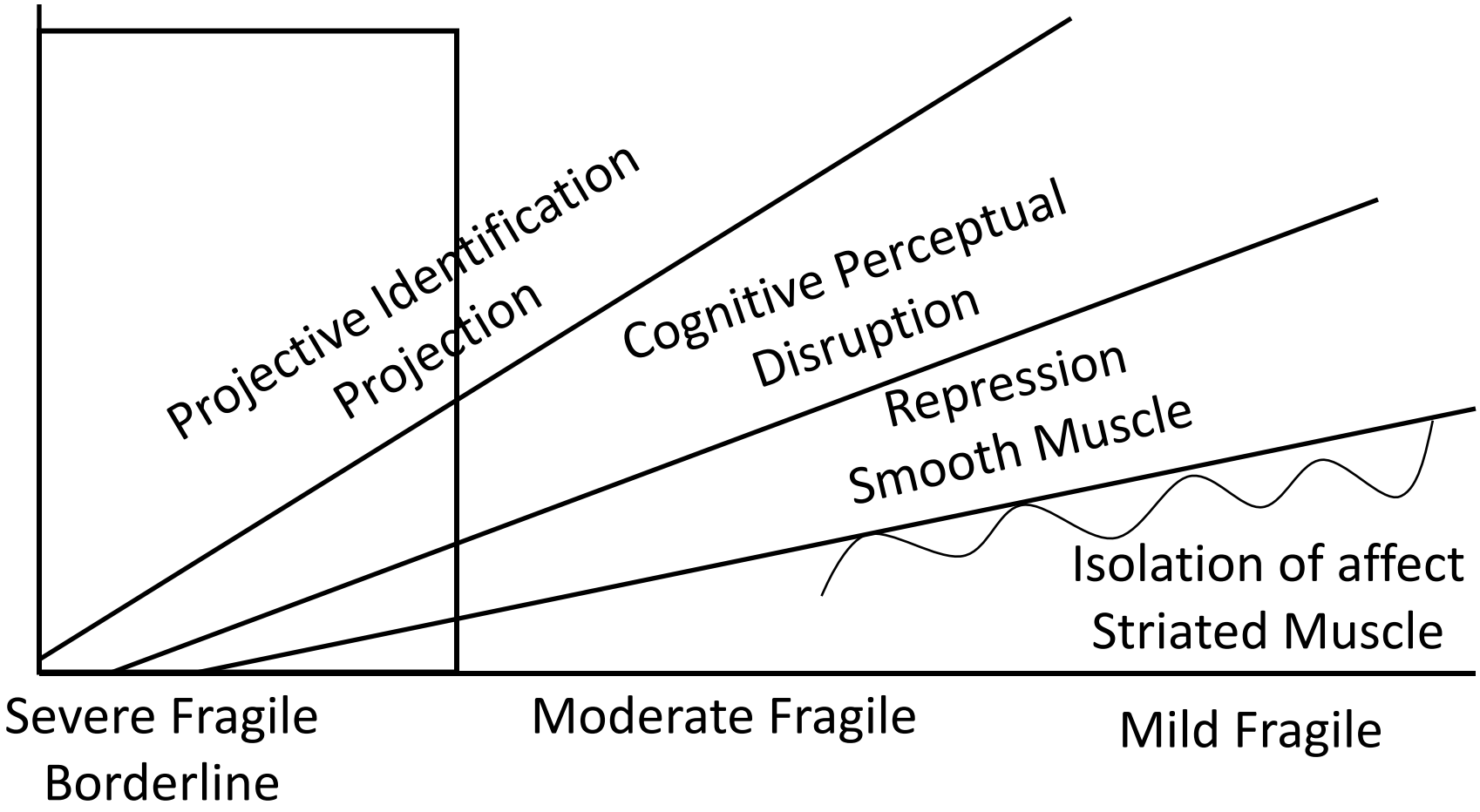
WEAK BOND

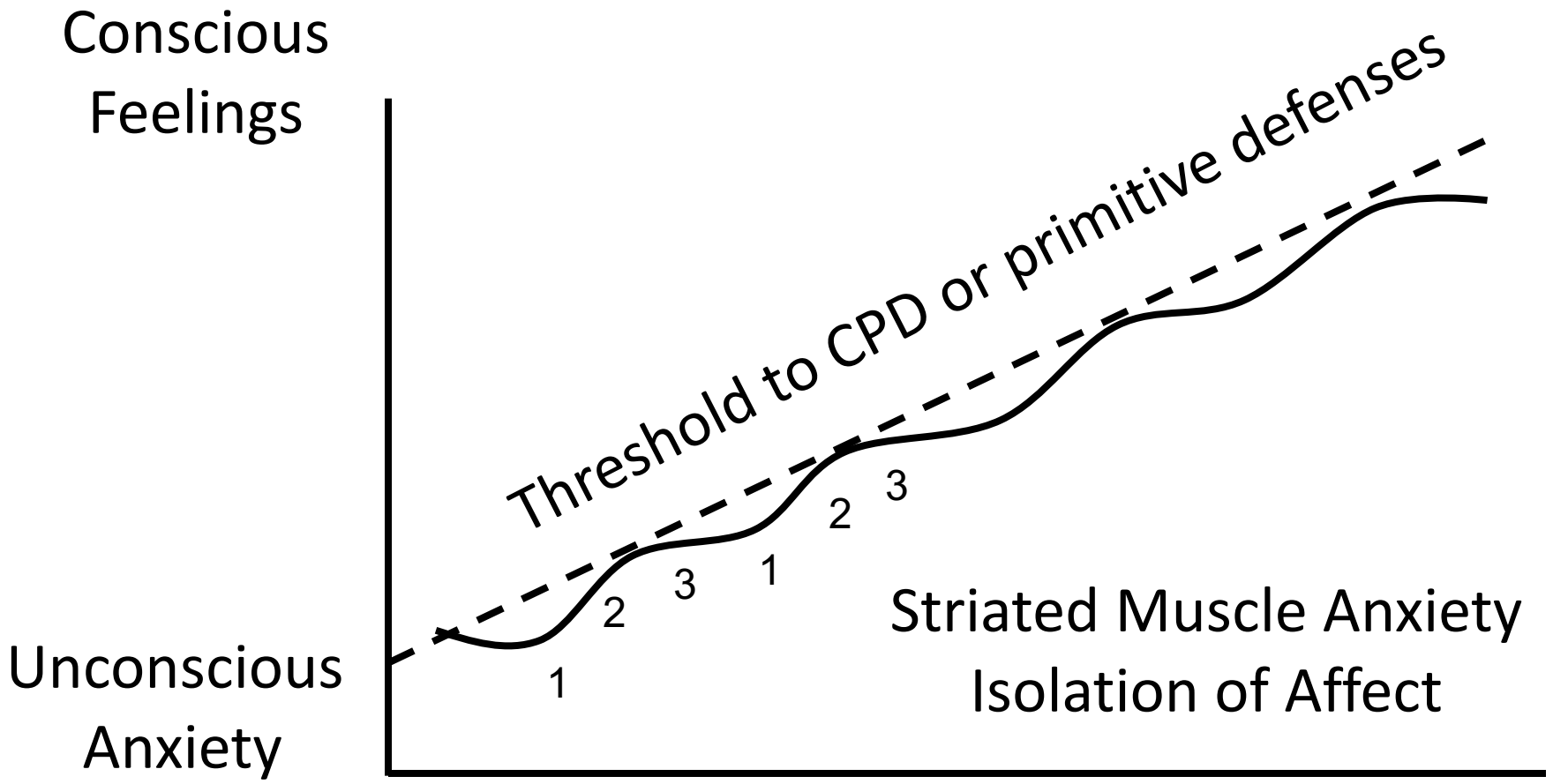
Trauma

PAIN

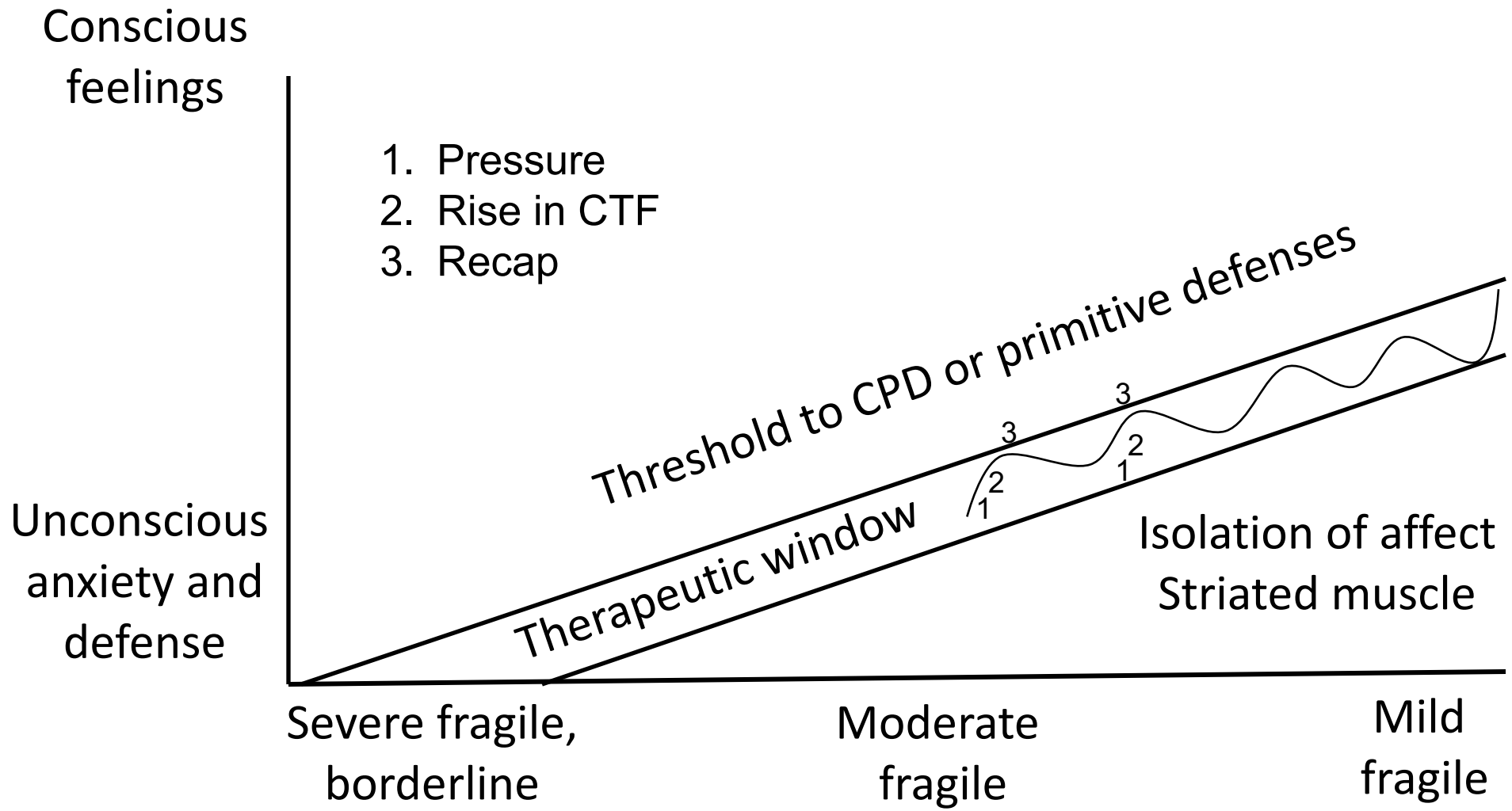
Rage, Guilt about the Rage

Self-destruct Symptoms


Projective Identification
Projection
Cognitive Perceptual
Disruption
Repression
Smooth Muscle
Isolation of affect
Striated Muscle
Severe Fragile
Borderline
Moderate Fragile
Mild Fragile



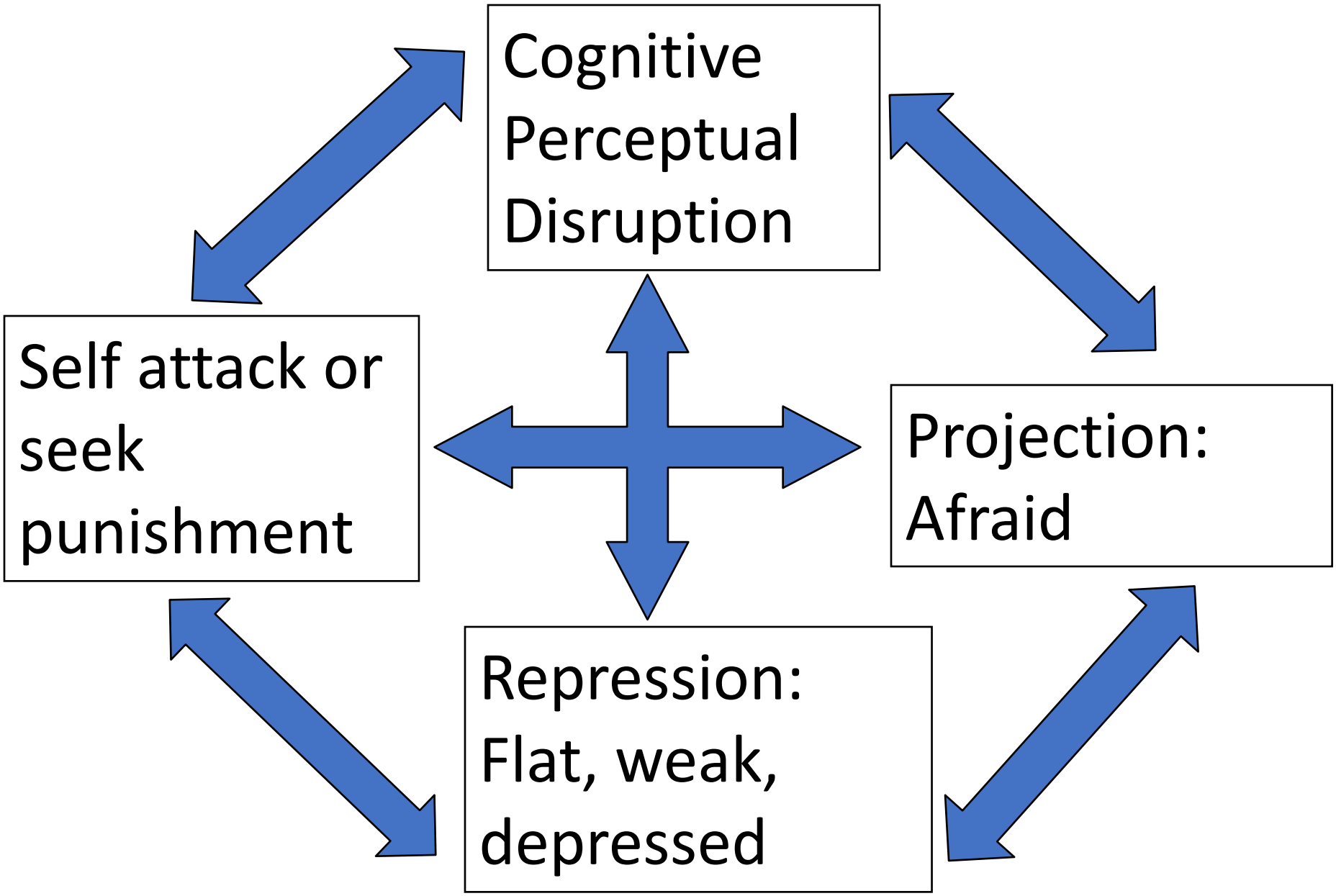
1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect


Conscious feelings
1. Pressure
2. Rise in CTF
3. Recap
Threshold to CPD or primitive defenses
Therapeutic window
1
2
3
Unconscious anxiety and defense
Isolation of affect
Striated muscle
Severe fragile, borderline
Moderate fragile
Mild fragile

Severe Fragility

- Prominent projection, splitting, projective identification
- Split parts or Modes
- Can have full dissociation episodes
- Impulsivity and behavior problems
- Little unconscious anxiety other than drifting
- Severe early trauma

Rapidly Rotating Fronts



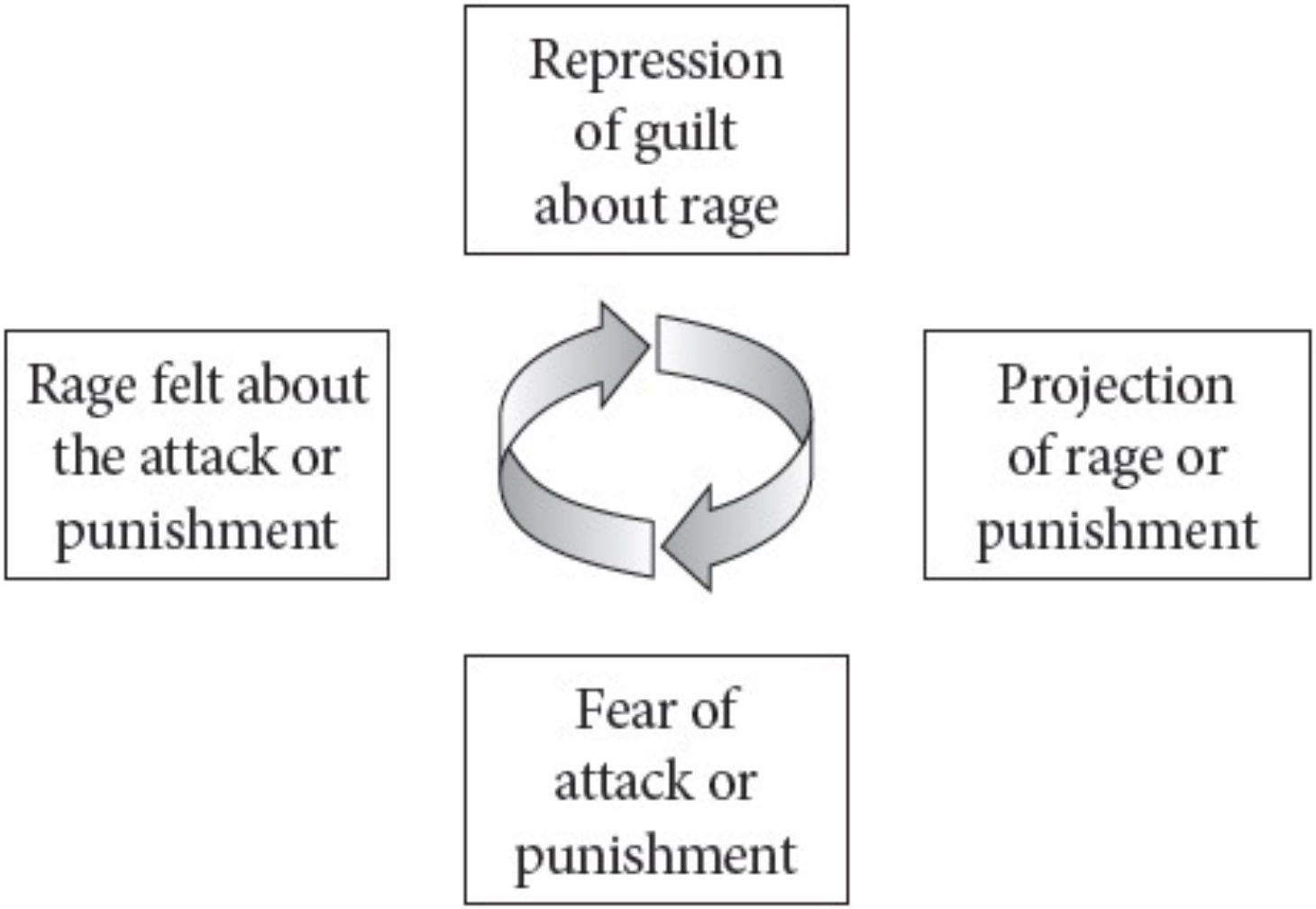
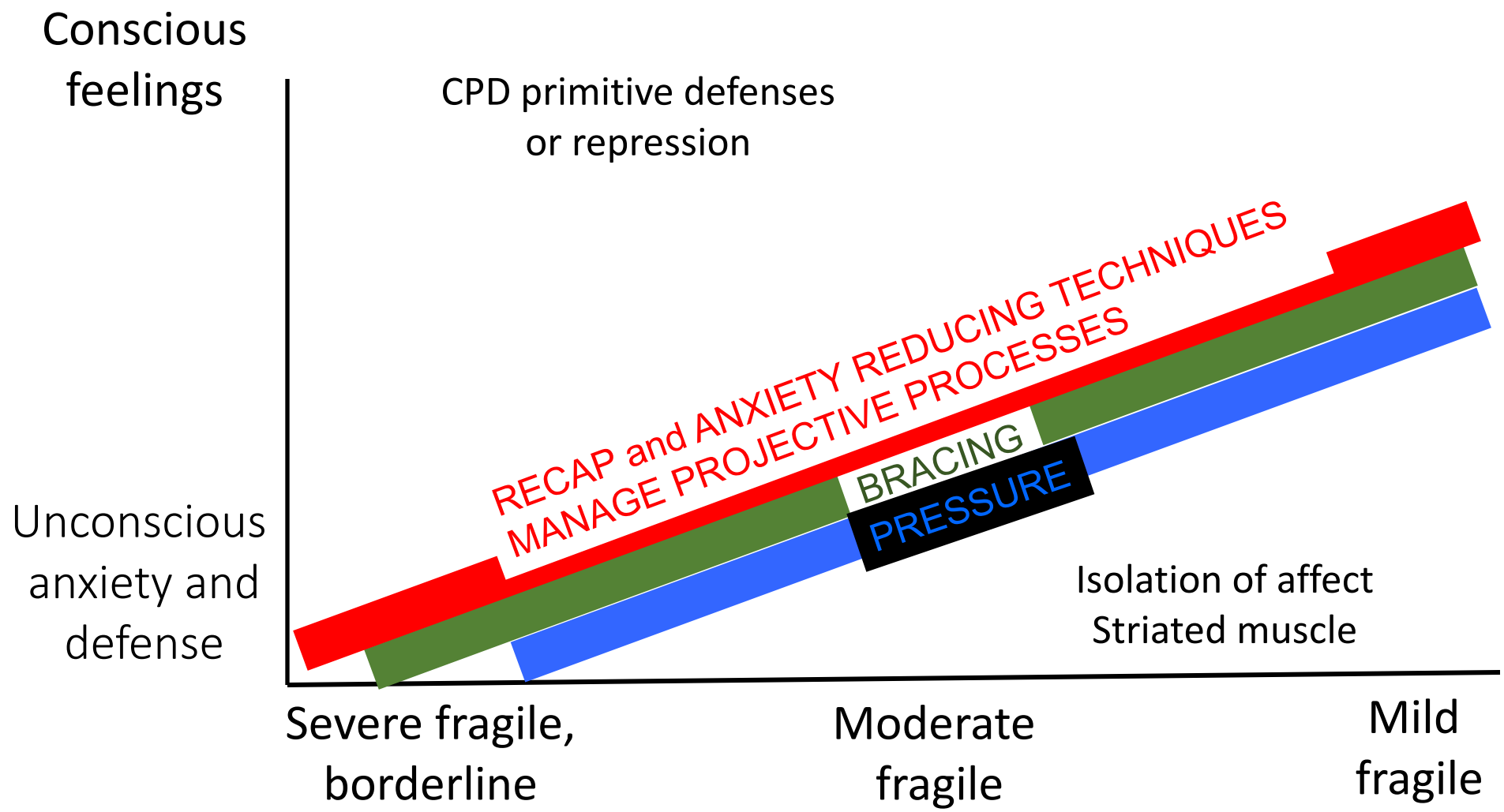
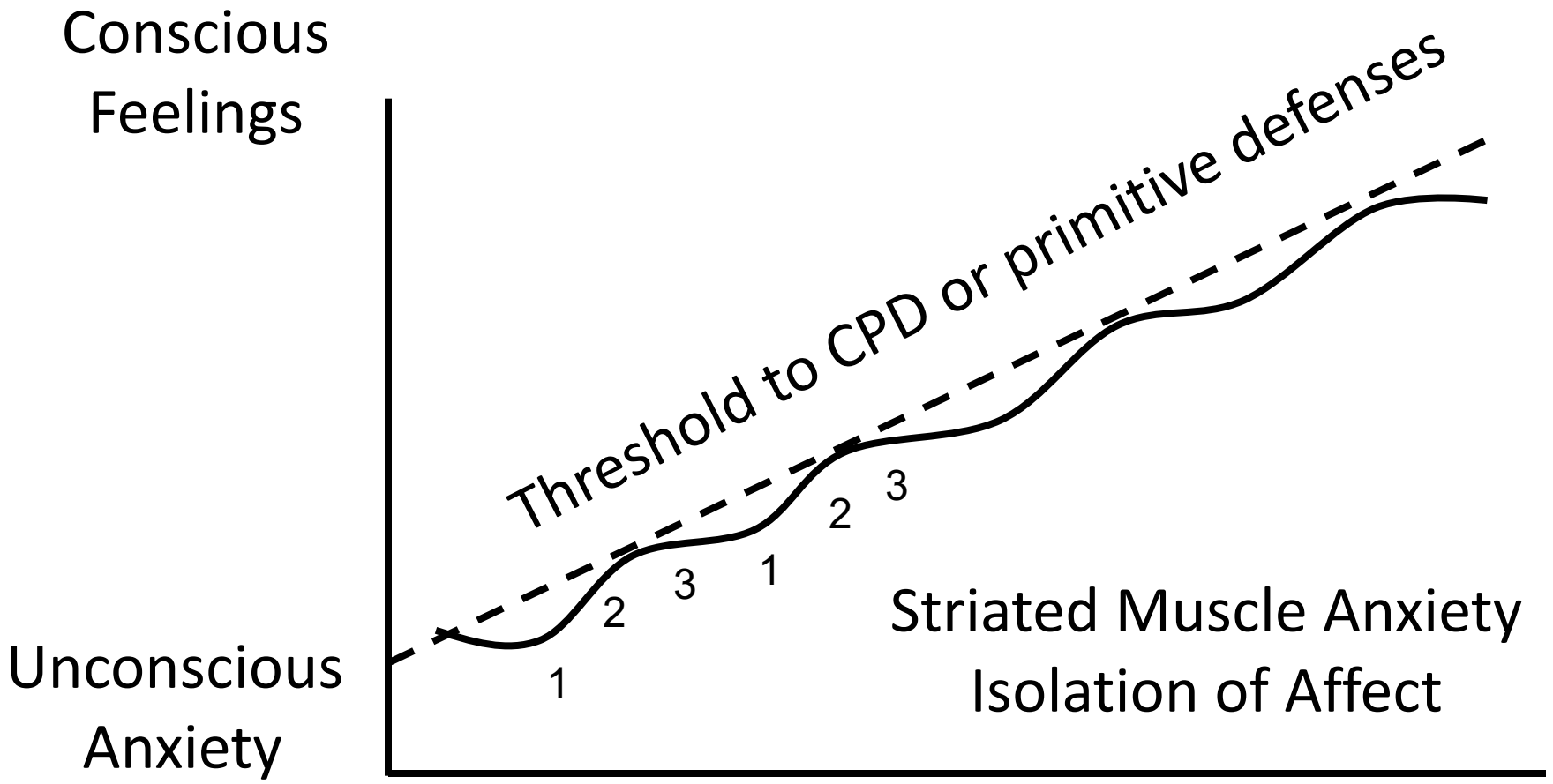


Figure 17.2 Cycles of guilt and projection


Conscious feelings
CPD primitive defenses or repression
RECAP and ANXIETY REDUCING TECHNIQUES
MANAGE PROJECTIVE PROCESSES
BRACING
PRESSURE
Unconscious anxiety and defense
Isolation of affect
Striated muscle
Severe fragile, borderline
Moderate fragile
Mild fragile



1. Pressure or Brace
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

Use when below thresholds

Evoke feelings
Activate somatic pathway of rage
Develop images

Fire limbic areas including amygdala

Use to optimize rise without being over threshold

Combine both self-reflection and pressure

Train brain to fire both functional regions together

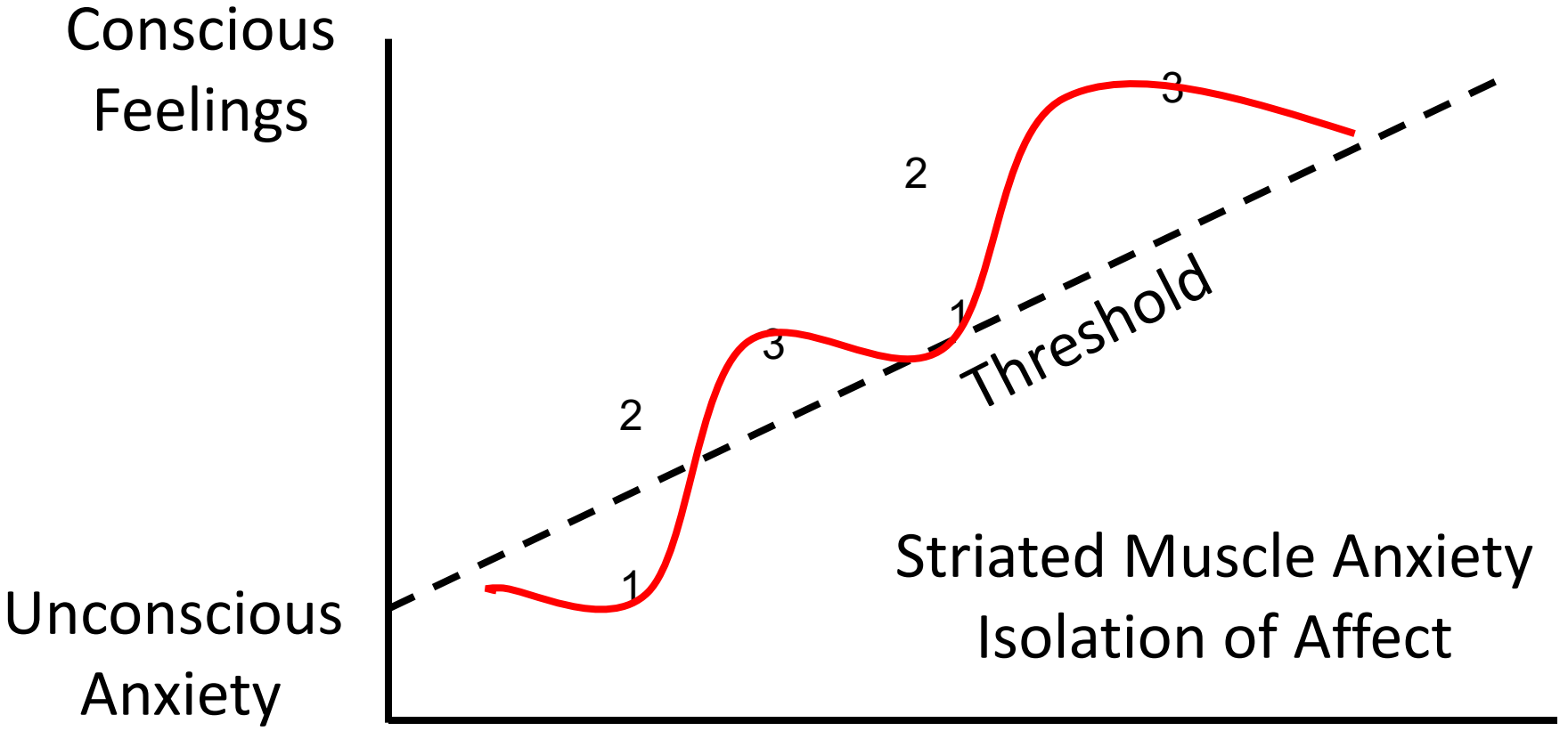
Use when above thresholds

Self-reflect
Link phenomena
Observe the body
Observe thoughts

Fire brain self-reflective centers

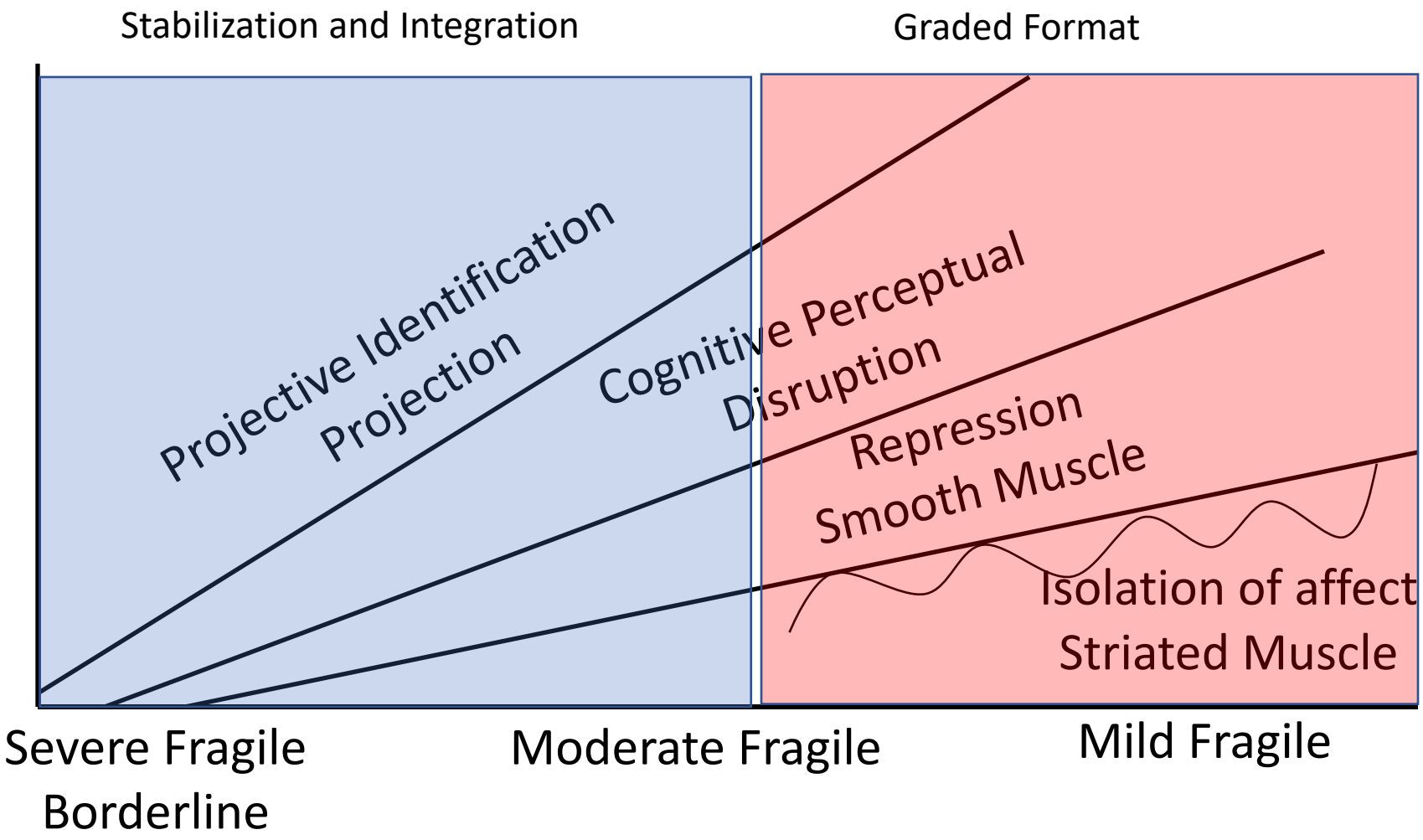
Abbass, Reaching Through Resistance, 2015

Focus on Guilt: Immersive Approach to Building Capacity

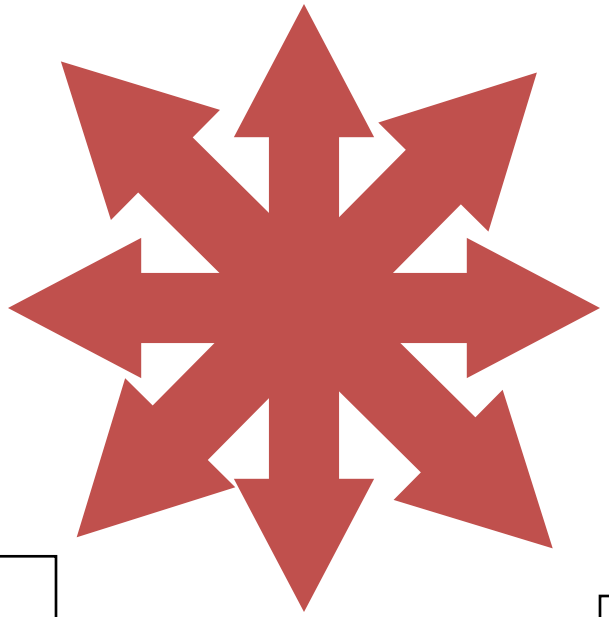


1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

Fragile Spectrum



Economy of Suffering: Fragile Patients



Anxiety

Masochism

Deception

Paranoia

Sadism:
abuse power

Somatization/
Paralysis

Dependence/
Addiction

Social Isolation

No work or $$$

Dissociation

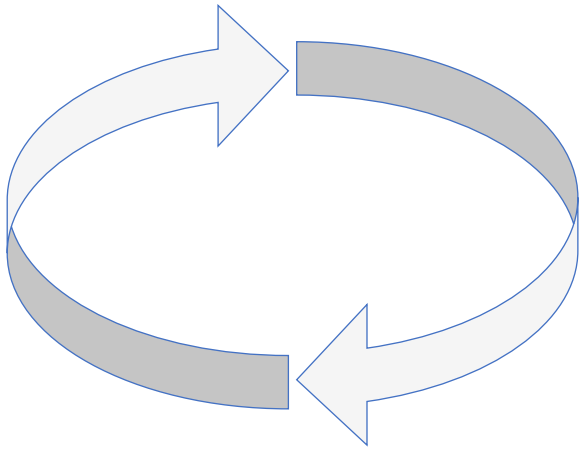
Depression

Cycles of gains and emotion mobilization/ crisis

CRISIS

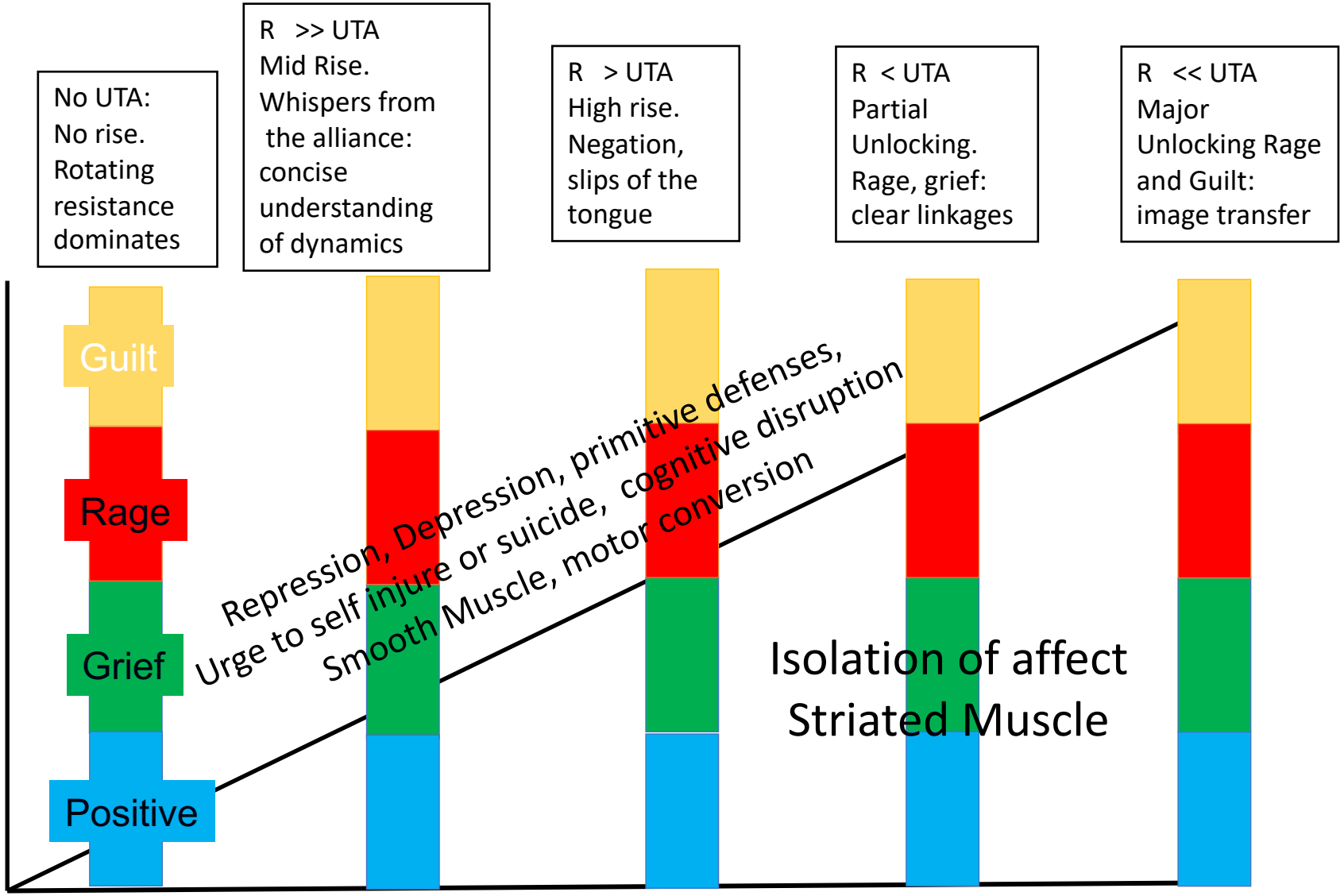
Experience Rage and guilt

Deeper Rage and Guilt are mobilized

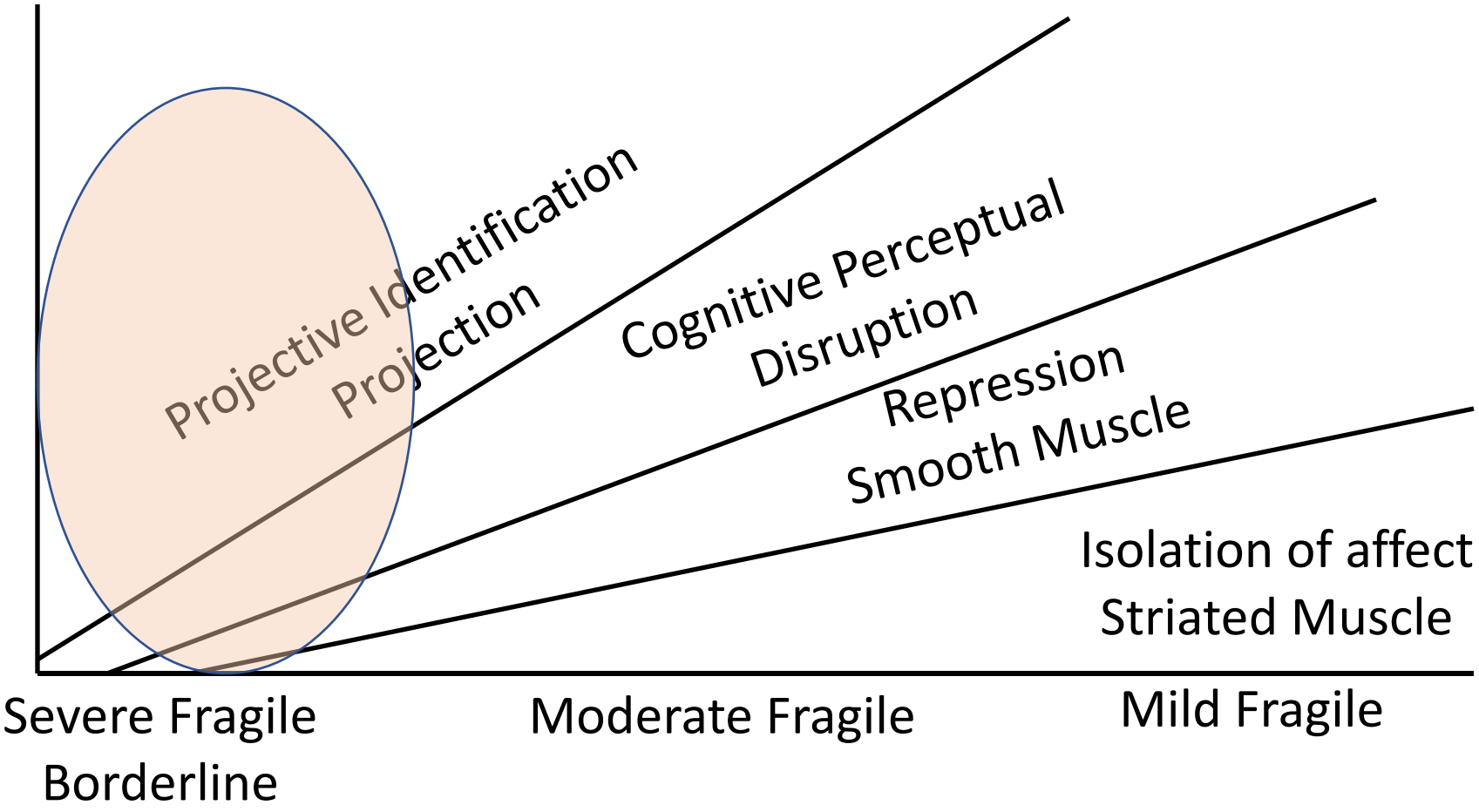


More freedom to make behavior gains

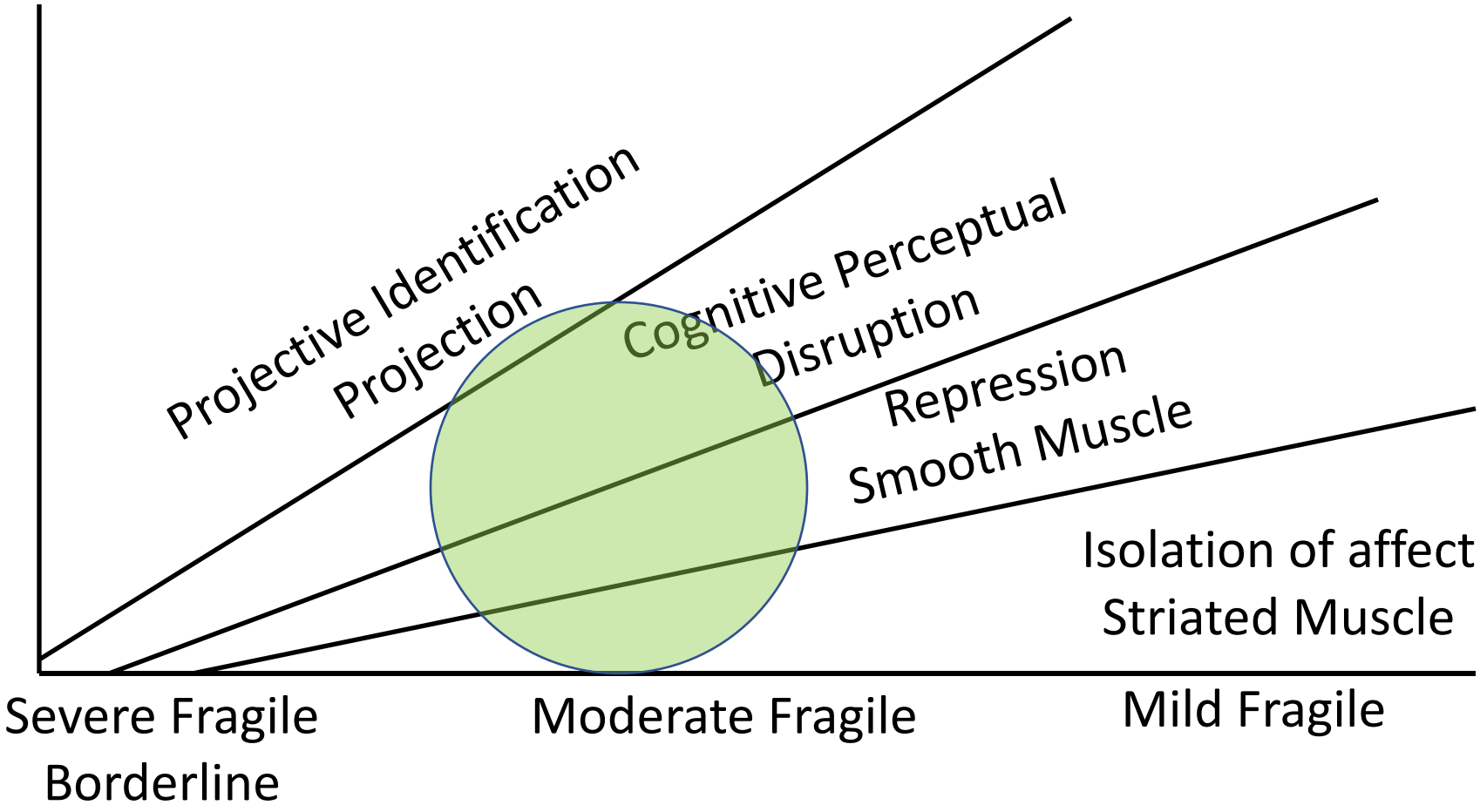
Make behavior gains --> Positive feelings for self/others


No UTA:
No rise.
Rotating resistance dominates
R >> UTA
Mid Rise.
Whispers from the alliance: concise understanding of dynamics
R > UTA
High rise.
Negation, slips of the tongue
R < UTA
Partial Unlocking.
Rage, grief: clear linkages
R << UTA
Major Unlocking Rage and Guilt: image transfer
Guilt
Rage
Grief
Positive
Repression, Depression, primitive defenses,
Urge to self injure or suicide, cognitive disruption
Smooth Muscle, motor conversion
Isolation of affect
Striated Muscle

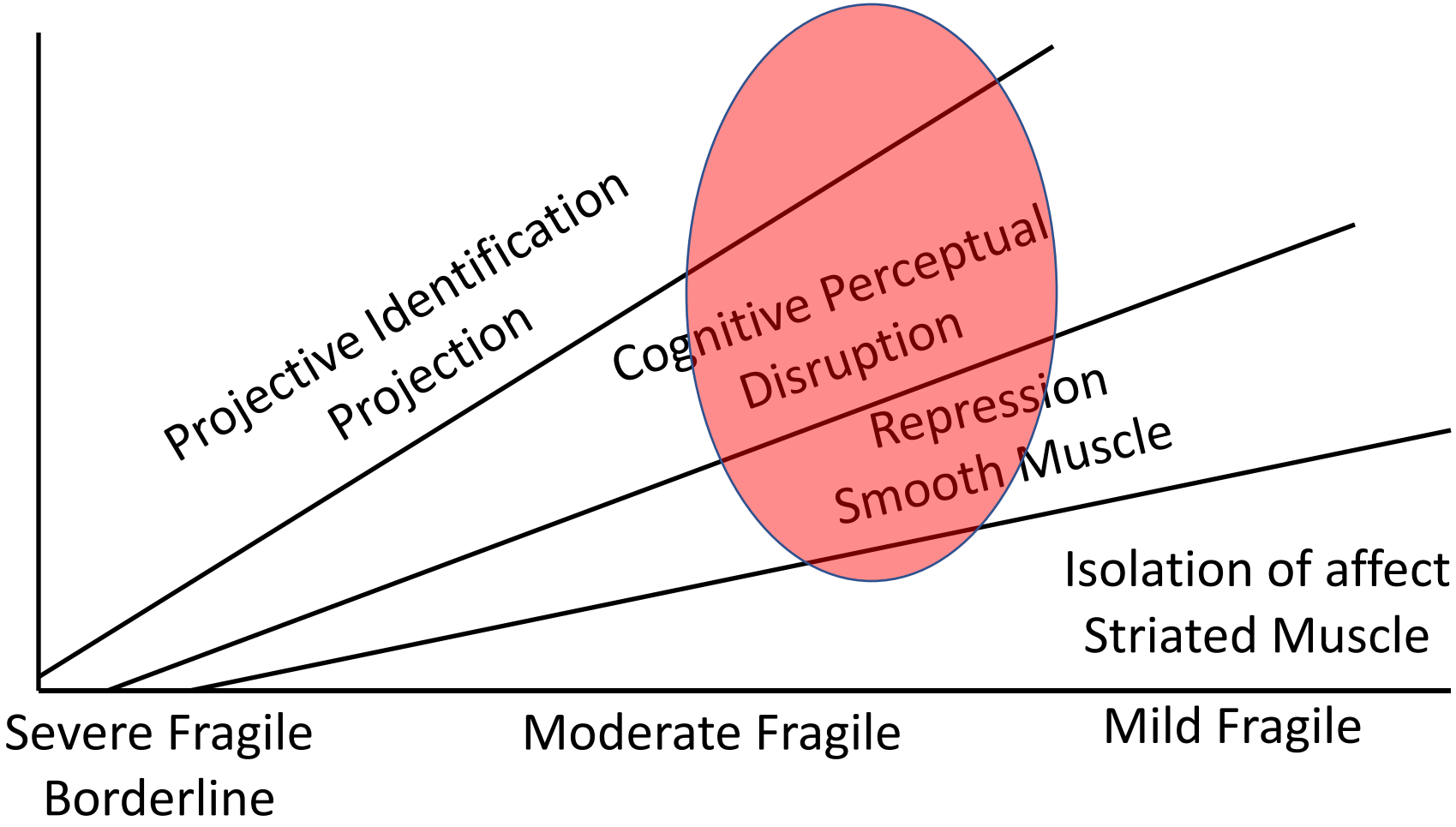
Fragile Spectrum: Initial status



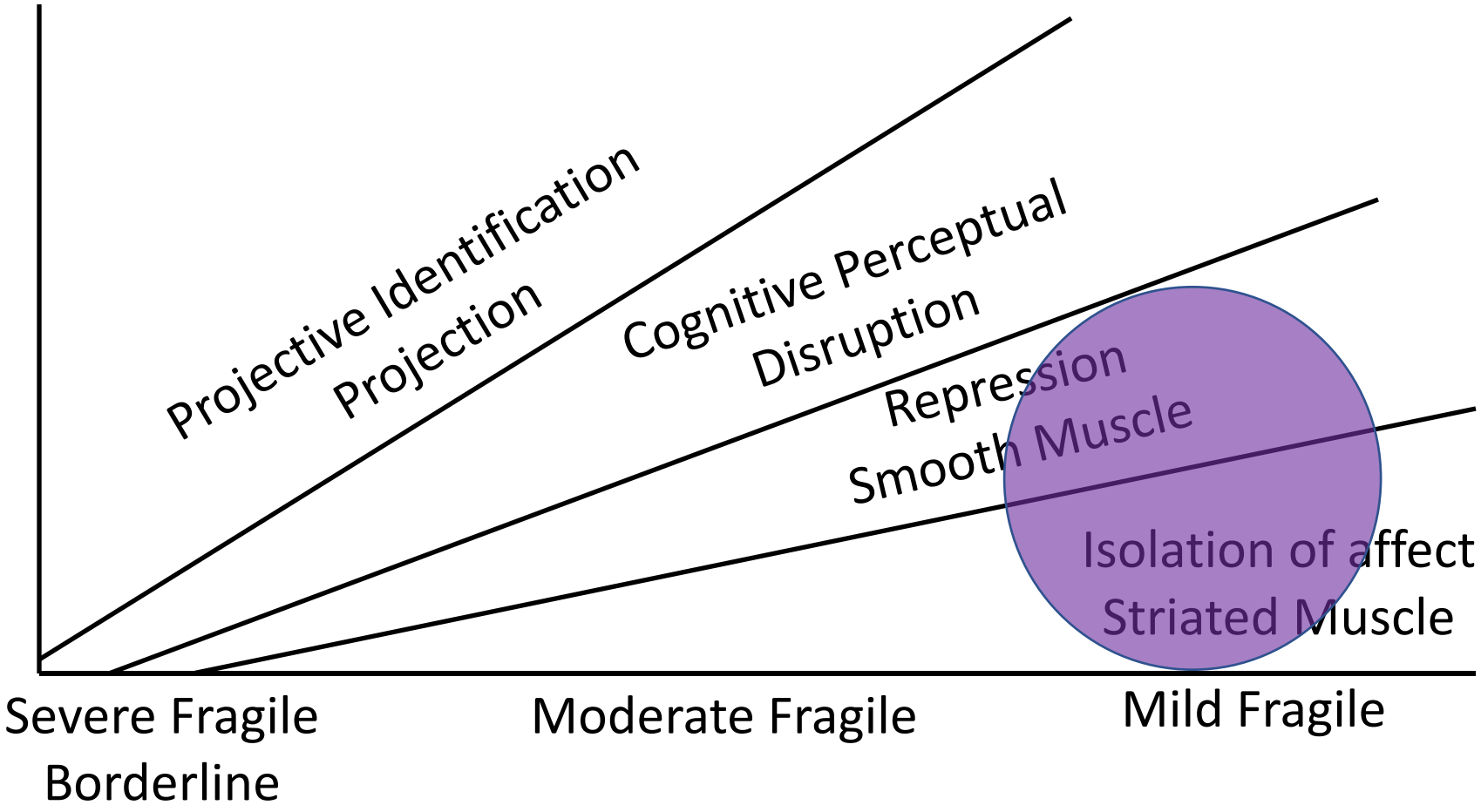
Fragile Spectrum: making gains: pride



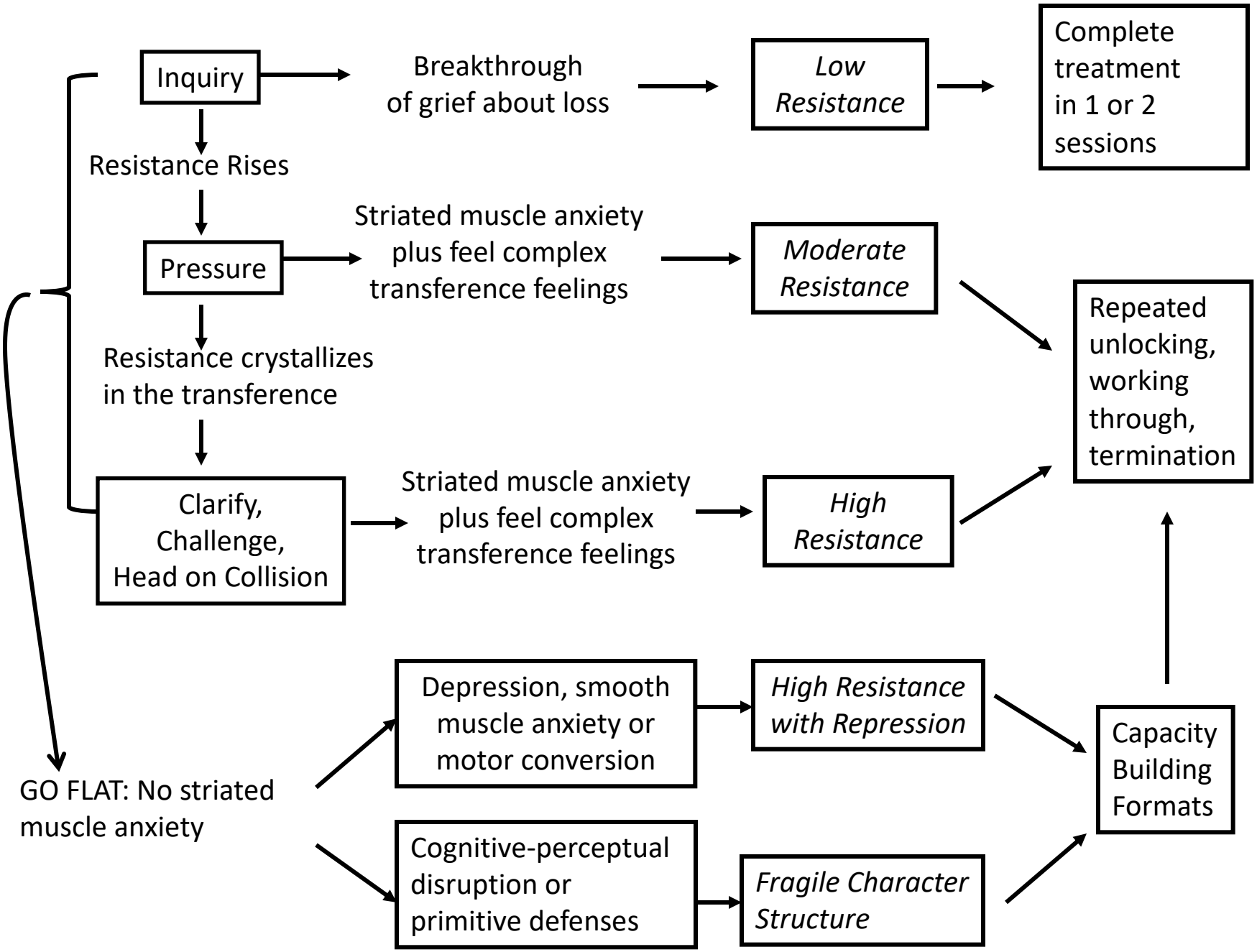
Fragile Spectrum: Crisis: revert to more primitive defenses but UTA maybe accessible

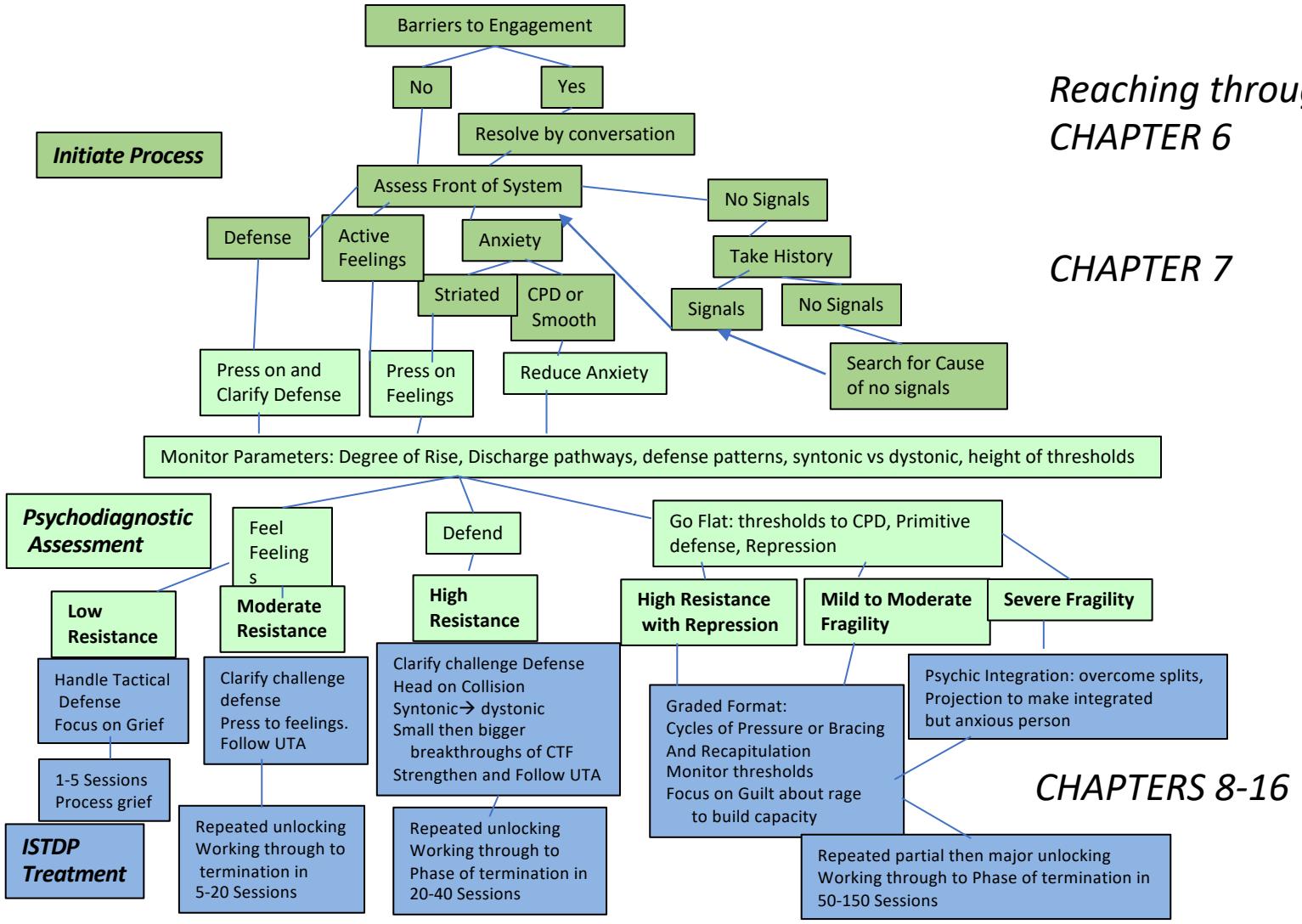


Fragile Spectrum: Crisis Resolution



	Resistant	Repression or Fragile
Low Rise	Little anxiety or defense: some tension and isolation of affect	Tension and isolation of affect
Mid Rise	Defenses going into the T, Tense, UTA Whisper	Start to oppose repression or fragility, anxiety varies, UTA: Whisper
High rise	Defenses in the T, Tense, UTA: negation	Dislike the repression or fragility, anxiety varies, one part of mind fighting the other: UTA Negation
Partial Unlocking	Feel grief rage and some guilt. Link or image of past	Feel grief rage and some guilt. Link or image of past
Major Unlocking	Feel rage, guilt and grief. Image transfers with passage of guilt	Feel rage, guilt and grief. Image transfers with passage of guilt


Inquiry
Breakthrough of grief about loss
Low Resistance
Complete treatment in 1 or 2 sessions
Resistance Rises
Pressure
Striated muscle anxiety plus feel complex transference feelings
Moderate Resistance
Resistance crystallizes in the transference
Repeated unlocking, working through, termination
Clarify, Challenge, Head on Collision
Striated muscle anxiety plus feel complex transference feelings
High Resistance
GO FLAT: No striated muscle anxiety
Depression, smooth muscle anxiety or motor conversion
High Resistance with Repression
Capacity Building Formats
Cognitive-perceptual disruption or primitive defenses
Fragile Character Structure

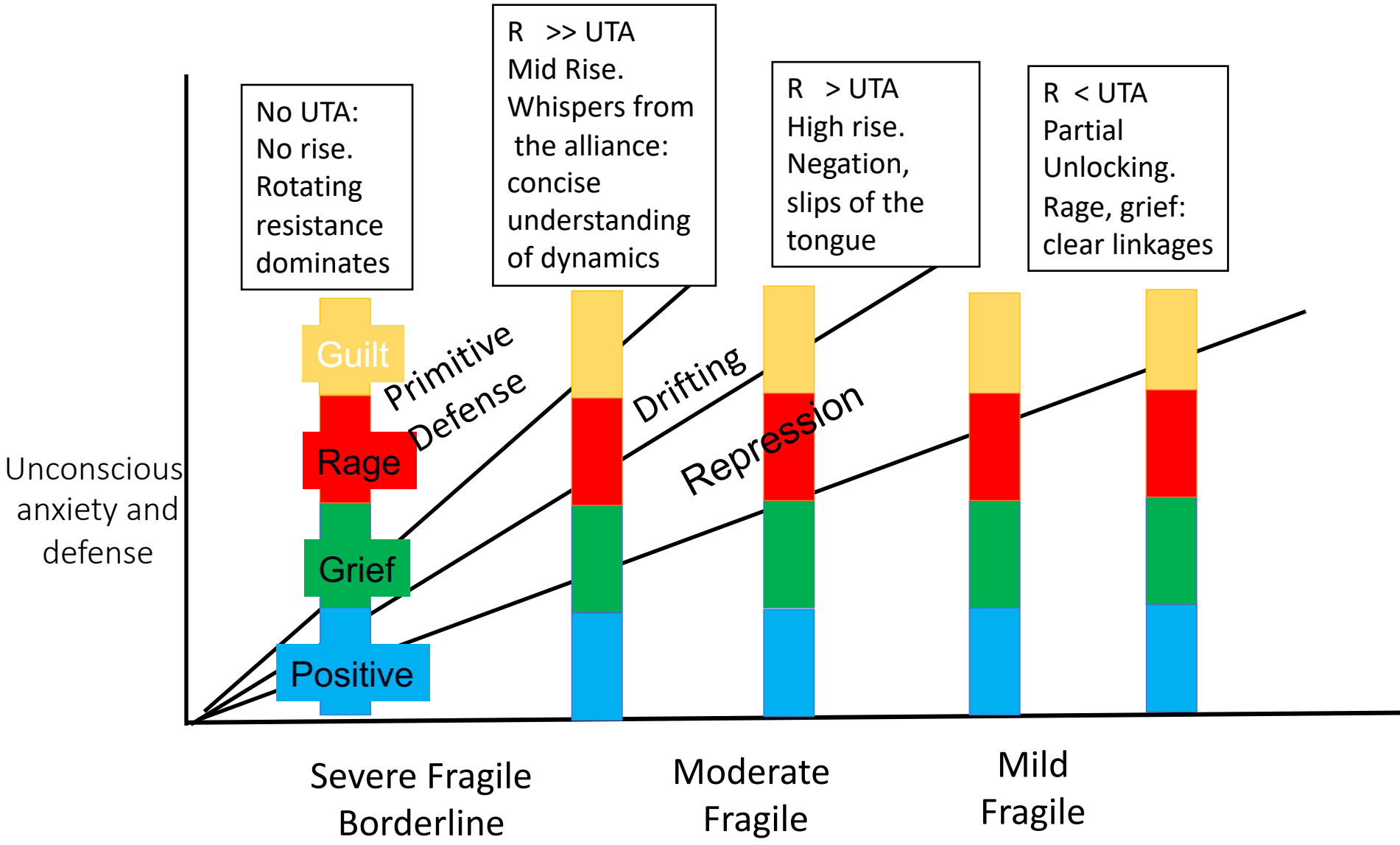


Reaching through Resis
CHAPTER 6

CHAPTER 7

CHAPTERS 8-16

A Abbass 2018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Rotating resistance dominates
R >> UTA
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R > UTA
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Negation, slips of the tongue
R < UTA
Partial Unlocking.
Rage, grief: clear linkages
Guilt
Rage
Grief
Positive
Primitive Defense
Drifting
Repression
Unconscious anxiety and defense
Severe Fragile Borderline
Moderate Fragile
Mild Fragile

Feelings and UTA in severe fragility

- Small spike of grief or positive feelings → fires up massive guilt → fires the rotations: Projection, Repression, projective identification, cognitive disruption and self attack
- In later sessions with more capacity, this small spike may be seen with UTA whispers or negation which are swamped out by guilt → anxiety and rotating fronts
- *Be prepared for this when have a positive feeling for self or you*

Stabilization

- Building a raft on the ocean
- Linking everything
- Concentrate, observe and see connections
- Link and move
- Don’t stagnate
- No long recaps: don’t try to “hold” the patient
- Press - brace - recap on the rapidly rotating fronts

Feelings	Anxiety
Feelings	Defences
Anxiety	Defences
Transference	Current
Transference	Past
Past	Current
Bond	Separation
Separation	Fear and Grief
Fear and Grief	Rage
Rage	Guilt
Feelings inside	Feelings outside
Split parts inside	Split parts outside
Split parts Current	Split parts Past
Split parts Current	Split parts Transference
Split parts Past	Split parts Transference

Psychic Integration and Stabilization

- Linking everything together
- A link is a structure you create between different brain regions and functions
- Feeling- Anxiety, Feeling-Defense, Anxiety -Defense
- Past-T, T- Current, Past to Current
- Pain makes rage makes guilt makes self punishment
- Work with projection
- Work with split parts/ Modes
- Observing body responses
- Labeling phenomena
- *Build a self reflective more integrated structure*

Projection on front

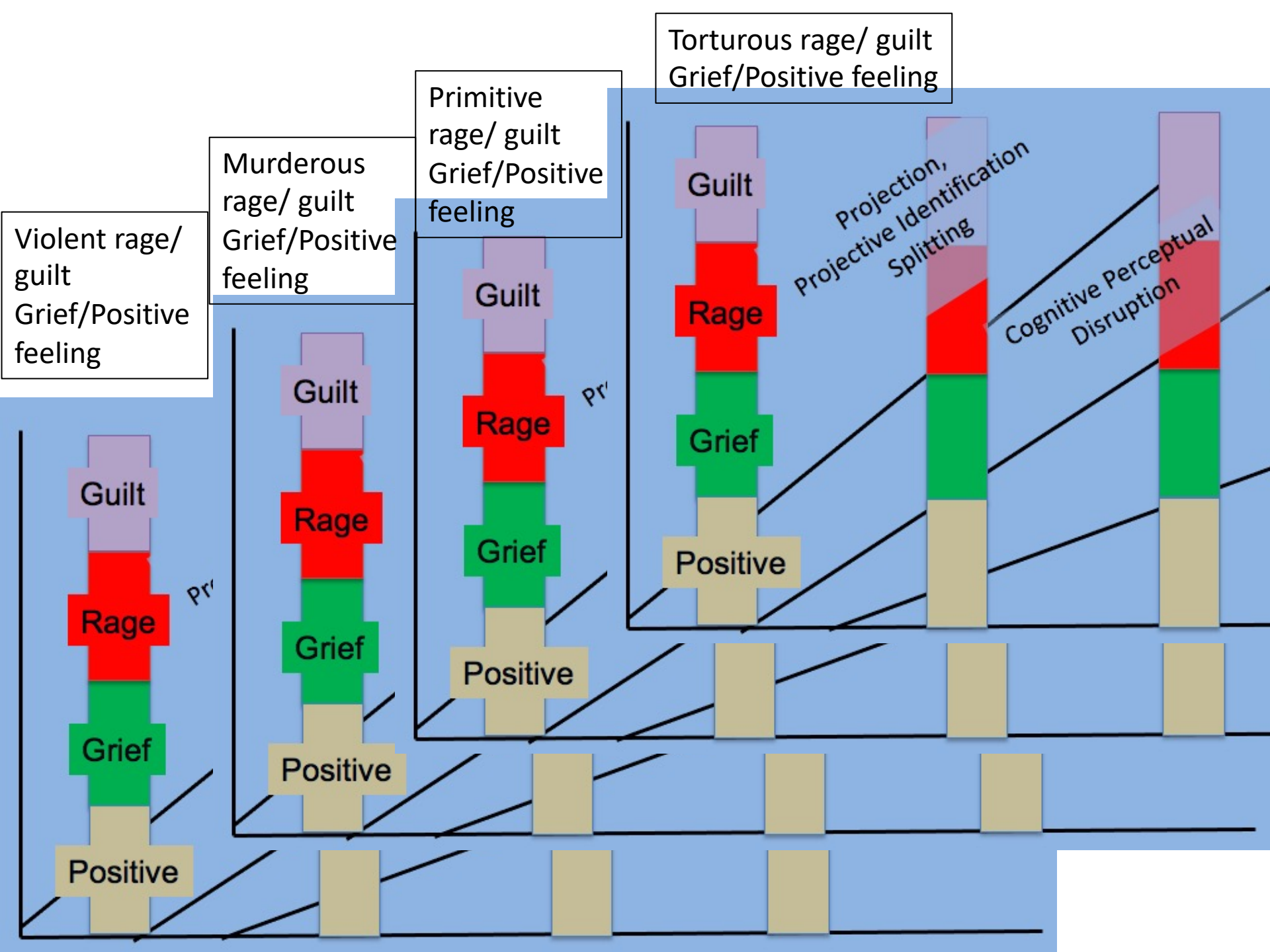
- How to detect
  - Words
  - Active fear: backing away, shaking
  - Counter-reacting with anger

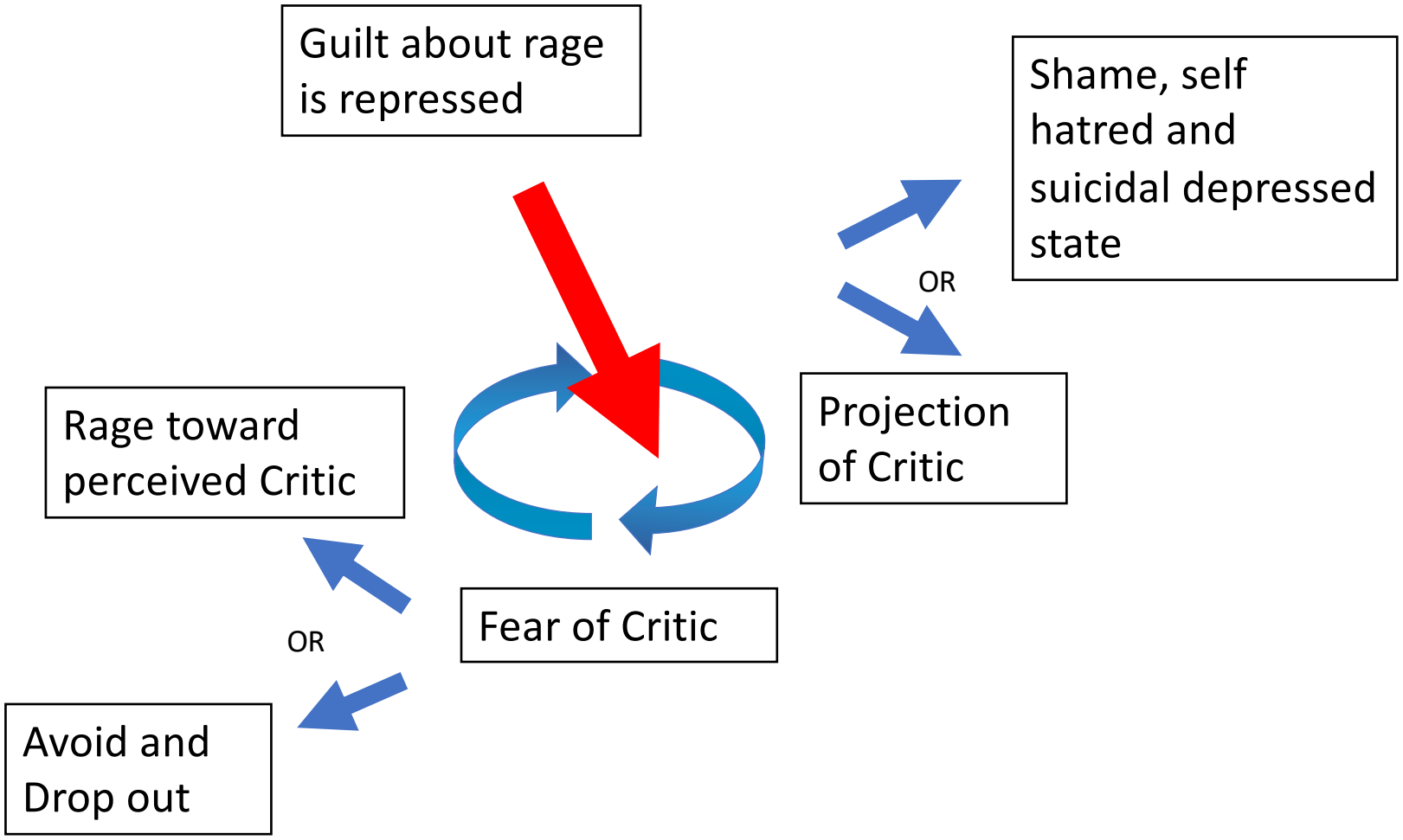
Handling projection

- Ask how they think you think or think you feel
- Reflect on thought content
- Ask where from
- Regulate down the anxiety: at least label the anxiety component
- Counter the projection: behave differently
- Speak and be present as a distinction from projection
- Watch for anxiety to go to cognitive disruption
- Recap after settling

Psychic Integration and Modes

- Help patient see the modes inside and outside
- Help understand past origins of modes
- Help see how the modes interact
- Help see the split second when one mode shifts to another
- Help hold awareness of different modes
- This tends to cause some drifting and rotation


Violent rage/ guilt Grief/Positive feeling
Murderous rage/ guilt Grief/Positive feeling
Primitive rage/ guilt Grief/Positive feeling
Torturous rage/ guilt Grief/Positive feeling
Guilt
Rage
Grief
Positive
Projection, Projective Identification Splitting
Cognitive Perceptual Disruption


Guilt about rage is repressed
Shame, self hatred and suicidal depressed state
OR
Projection of Critic
Rage toward perceived Critic
Fear of Critic
OR
Avoid and Drop out

Head on Collision

- The most powerful intervention
- Global clarification, challenge and pressure
- Statement of reality
- Different types:
  - *Short-range* at mid rise in the transference to mobilize CTF, UTA and R
  - *HOC to make defenses dystonic*: leads to first breakthrough
  - *Interlocking Chain* to systematically undermine the Resistance while mobilizing UTA and CTF: in syntonic cases
  - *Comprehensive* at high rise in the transference: to unlocking the unconscious

Head on Collision: Typical Components

- Outline the resistance
- Outline the destructive effects of resistance
- Outline the potential of alliance
- Deactivate defiance
- Deactivate the transference
- Undo Omnipotence
- High pressure to battle resistance
- Challenge to the crippling effects and masochism in the transference
- Pressure and challenge to resistances against emotional closeness