Research in Intensive Short-term Dynamic Psychotherapy

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Table of contents

Evidence for Intensive Short-term Dynamic Psychotherapy – Introduction

This paper examines the state of evidence for Intensive Short-term Dynamic Psychotherapy (ISTDP) outcome and process across a broad spectrum of clinical conditions and settings.

What is Intensive Short-term Dynamic Psychotherapy?

Developed from the 1960's to recent years by Dr Habib Davanloo, ISTDP is a broadly applicable focused form of short-term psychodynamic psychotherapy which has modifications to treat highly resistant, depressive and dissociative individuals. It emphasizes body-focus, emotional experiencing and defense handling. It centers on work in the here and now, mobilizing complex transference feelings and defenses as a means of providing direct access to attachment related emotions. Through this work in the therapeutic relationship, memories and emotions related to past attachment trauma are mobilized and accessible. For individuals with repressive processes and dissociative features with more severe personality disorders, a phase of capacity building precedes this access and for this reason the treatment may be longer in those individuals. The method has been researched by Dr Davanloo and other researchers through detailed video recorded large case series, process-based research, patient feedback on video, long-term follow up, and the following tabulations of outcome research conducted by independent centers. Training is all based on video demonstrations from actual case material, detailed supervision of video and self-review of video.

Overall Research Evidence

There are now over 200 outcome studies with over 120 randomized controlled trials (RCT) included under the following categories:

- 35 studies of anxiety disorders
- 30 cost-based studies
- 20 studies of depression
- 32 miscellaneous studies of various populations
- 20 studies of mixed disorders
- 13 studies of personality disorders
- 31 qualitative and process studies
- 4 studies of self-harm and suicidal behavior
- 5 studies of severe mental disorders
- 50 studies of somatic conditions
- 4 studies of substance use disorders
- 36 studies of treatment refractory non-somatic populations
- 5 studies of the trial therapy interview

Replications

There are independent replications of randomized controlled trials of ISTDP for treatment resistant depression, major depression, mixed personality disorders, substance dependance, chronic pain, irritable bowel syndrome, obsessive-compulsive disorder, separation anxiety disorder, and social anxiety disorder. Based on this, ISTDP may be considered to meet criteria for empirically supported treatment for many diverse conditions.

Studies of ISTDP in Learners and Learning Processes

There is a small series of studies showing that the treatment is effective in the hands of new learners, that the treatment can bring structural change in personality, that the treatment can be also cost-effective, and that the amount of training correlates with some of the outcome measures. In the final years of his teaching, Dr Davanloo developed a method of experiential learning in small group format (Beeber, 2018).

Future Research Directions

An overall updated meta-analysis of this outcome research is pending. There is some research into the learning process of this method, but further research will be beneficial. Randomized controlled trials would be beneficial in the case of adjunctive treatment for people with severe mental disorders.

Section 1: Anxiety Disorders

There are now 35 published outcome studies of the intensive short-term dynamic psychotherapy for the spectrum of anxiety disorders. These include 25 randomized controlled trials (RCT) and a number of case series and single case studies with pre-post comparisons.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Anxiety and post traumatic stress – bereavement after COVID-19 deaths (Mohammadi et al., 2021)	30 ISTDP: N=15, Control: N=15	15 x 90 minutes	RCT Pre-post + follow up	No treatment	ISTDP > Control on anxiety, depression, guilt and post-traumatic stress
Anxiety Disorder in 16-18 year old female students (Khandehjam & Valizadeh, 2025a, 2025b)	30 ISTDP: 15 Control: 15	8 x 50 minutes	RCT Semi-experimental, Pre-post	No treatment waitlist	ISTDP > Control on increased emotion regulation and reduced interpersonal conflict [1] ISTDP > Control on decreased psychological distress and shyness
Anxiety Disorders (Rocco et al., 2014)	8	33 (average)	Pre-post	-	ISTDP reduced anxiety symptoms
Body Dysmorphia (Omidi Moghadam et al., 2025)	45 ISTDP: 15 Cog/emotion-regulation: 15 Control: 15	-	RCT Quasi-experimental Pre-post	No treatment	ISTDP + Cog/emotion reg > Control on improved body dysmorphia (BD) and executive functions ISTDP > Cog/emotion reg on BD Cog/emotion reg > ISTDP on executive functions
Complex PTSD (Hatami et al., 2024)	6 ISTDP vs Schema therapy (ST)	16 x 50 minutes	Single-case study method	-	ISTDP + ST = improved cognitive and behavioural emotion regulation ST > ISTDP on emotion regulation
Death anxiety in bereaved mothers (Farshi Sotoudeh et al., 2024)	30 ISTDP: 15 Control: 15	8	RCT Pre-post + follow up	No treatment	ISTDP > Control on increased meaning of life and decreased death anxiety
Death anxiety in cancer patients (Alirezaee et al., 2022)	30 ISTDP: N=10, CBT: N=10, Control: N=10	11 x 90 minutes	RCT Pre-post	Wait list control group	ISTDP = CBT > control
Death anxiety in Covid (Mousavi & Naji (2022)	34 ISTDP: N=17, Control: N=17	8 x 75 minutes	RCT Pre-post + follow up	No treatment	ISTDP > Control
Fear of flying (Singh, 2019)	1	2 x 90 minutes	Case study	-	ISTDP reduced fear of flying
GAD (Aziz et al., 2020)	36 Integrative (STPP + CBT): N=12, CBT: N=12,	15	RCT Pre-post	CBT + no treatment control	Integrative treatment reduced GAD symptoms > CBT + no treatment control

	Control: N=12				
GAD (Taghavi et al., 2020)	40 STDP: N=20, Control: N=20	8	RCT Pre-post	No treatment control	ISTDP > Control
Generalized Anxiety Disorder (Lilliengren et al., 2017)	215	8.3	Case series. Pre vs 4 years post	-	Anxiety reduction, Interpersonal problem reduction, physician and hospital costs reduction – $16,200 per case
Mixed Anxiety Disorders – female sample (Qaziani & Arefi (2017)	30 Treatment group: N=15, Control group: N=15	15	RCT Pre-post	Waitlist control	Greater reduction in anxiety
Mixed Anxiety Disorders (Rocco et al., 2021)	22	24	Case series Pre-post + follow ups at 6 and 12 months	-	Anxiety reduction, Personality Changes (SWAP-200, IIP)
Mixed Anxiety in rheumatoid arthritis (Amani et al., 2020)	40 Treatment group: N=20, Control group: N=20	15 x 90 minutes	RCT Pre-post	Wait list	ISTDP > Control Reduced RA, anxiety and alexithymia
Obsessive-Compulsive Disorder (Ezzatpour et al., 2023, 2024)	42 ISTDP: 14 ACT: 13 Control: 15	8 x 90 minutes group therapy	Semi-experimental Pre-post + follow up	No training	ACT > ISTDP> Control on reduced perfectionism and increased quality of life, increased ego strength in women with OCD
Obsessive-Compulsive Disorder (Hosseini et al., 2025)	40 ISTDP: 20 Control: 20	11	RCT Semi-experimental, Pre-post + 3 month follow up	No treatment	ISTDP > Control reducing alexithymia, impulsivity, cognitive fusion, obsessive symptoms
OCD (Almadani & Said, 2020)	1		Case study	-	"This case suggests that psychodynamic psychotherapy could be an effective intervention for patients with treatment-resistant obsessive-compulsive disorder…"
OCD (Jamali et al., 2022)	3	20	Single case experimental design	-	ISTDP reduced fear of guilt and latent aggression
OCD (Sudejani & Malek Mohamadi Galeh, 2017)	32 ISTDP: N=16, Control: N=16	20	RCT Pre-post	No treatment control	ISTDP reduced irrational beliefs and cognitive avoidance
Panic Disorder (Wiborg & Dahl, 1996)	40 Treatment group: N=20, Control	15	RCT Pre-post + 6, 9, 12, 18 month follow up	Clomipra-mine only control	Less symptoms in ISTDP group at 9 months follow up. Medication use reduced vs control at 18 month follow

	group: N=20				up. More relapses in medication only group
Performance Anxiety (Kenny et al., 2016)	1	1	Case report	-	Description of one session only
Post-traumatic stress – earthquake victims (Safarnia, 2019)	45		RCT	Mindfulness based CBT + no treatment control	ISTDP = MBCT > control on pain, post-traumatic stress and depression
Post-Traumatic Stress Disorder (Esmaeili et al., 2025)	45 CBT: 15 STDP: 15 Control: 15	12 x 90 minutes	RCT Pre-post + 3 month follow up	No treatment	STDP + CBT > Control on reduced experiential avoidance (EA) and dissociation, CBT > STDP on reducing EA
Post-Traumatic Stress Disorder (Roggenkamp et al., 2021)	41	5.5	Case series Pre-post + annual follow ups for 3 years	-	Reduced symptoms, interpersonal problems, physician costs and hospital costs
Separation Anxiety – children (Beigi Harchegani & Ghazanfari, 2024)	45 ISTDP: 15 Schema Therapy (ST): 15 Control: 15	10 x 90 minutes	RCT Quasi-experimental Pre-post + 3 month follow up	No treatment	ISTDP > ST > Control on reduced children's (5-6 yrs) Separation Anxiety
Separation Anxiety – women (Bagheri & Mirzaei Darvish Baghal, 2024)	30 ISTDP: 15 Control: 15	8 x 90 minutes	RCT Semi-experimental Pre-post	Daily training (non-specified)	ISTDP>Control on improved emotional processing and reduced defensiveness
Separation anxiety (Haljoo et al., 2019)	30	12	RCT	Anxiety modulating method + no treatment control	ISTDP > Comparison therapy and control
Separation Anxiety Disorder (Nasseri et al., 2024)	30 ISTDP: 15 Control: 15	10 x 60 minutes	RCT Experimental Pre-post	No treatment	ISTDP > Control on improved object relations and reduced defence mechanisms
Sexual Assault Victims (Khatami & Fard, 2022)	30 ISTDP: N=15, Control: N=15	15 x 90 minutes	RCT Pre-post	No Treatment	ISTDP > Control on anxiety and self-compassion
Social Anxiety – mothers of children with Aspergers (Fooladi et al., 2018)	16 Treatment group: N= 8, Control group: N=8	12	RCT Pre-post	Wait list	Greater anxiety reduction
Social Anxiety (Mehboodi et al., 2022)	20 ISTDP: N=10, Control: N=10	15	RCT Pre-post + 2 month follow up	No treatment	ISTDP > control with anxiety, defence maturation, emotional regulation
Social Anxiety Disorder (Mechler et al., 2024)	181 IPDT with guidance: 60 IPDT without guidance: 61	8 weekly self-help modules	RCT Pre-post + follow up at 6	Waitlist control	Guided Internet-delivered psychodynamic therapy (IPDT) > unguided IPDT > Control on reduced anxiety and depression post

	Control: 60		and 12 months		treatment. Guided = Unguided at 6 and 12 month follow up
Social Anxiety Disorder (Rhamani et al., 2020a)	42 ISTDP with Challenge: N=14, ISTDP without Challenge: N=14, Control: N=14	10	RCT Pre-post	Wait List	ISTDP > Control – reductions in fear and avoidance
Social Anxiety Disorder (Rhamani et al., 2020b)	41 FF-ISTDP: N=14, DF-ISTDP: N=14, Control: N=13	8-10	RCT Pre-post + 6 month follow up	Wait List	ISTDP > Control – reductions in fear and avoidance
Social Anxiety in intellectually impaired (Sudejani & Sharifi, 2016)	16 Treatment: N=8, Control: N=8	12	RCT	No treatment	ISTDP > Control

Section 2: Cost-effects Studies

There are now 30 published studies that have outcomes measuring cost effectiveness of ISTDP. The domains covered include medication use, physician visits, healthcare visits, hospital use and disability rates or costs. The studies vary a great deal in terms of quality and type of study. 5 studies have non-randomized control conditions and 4 are randomized controlled trials while the others compare pre to post.

Sample	***n***	**# Sess**	**Study design**	**Control**	**Effect/outcome (cost reduction per case)**
Bipolar Disorder (Abbass et al., 2019)	29	4.6	I year pre vs 4 yearly post-treatment follow ups	-	All health care costs – $81,632/ case
Chronic headache (Abbass, Lovas et al., 2008)	29	19.7	1 year post vs 1 year pre	-	Medication and disability costs – $7,009/ case
Chronic Pain (Lilliengren et al., 2020)	228	6.1	3 years post vs 1 year pre	-	All health care costs – $14,000/case
Chronic Welfare Patients (Dept. Comm. Services Report – Novia Scotia, 2012)	65	12	5 years post vs 1 year pre	-	Welfare costs – $11,384/ case
Eating Disorders (Nowoweiski et al., 2020)	27	9.8	3 years post vs 1 year pre		All health care costs – $15,024/ case
Family Medicine Cases (Cooper et al., 2017)	37	4.2 (averag e)	Pre vs post 6 months	-	23% drop in family doctor visits
Functional Seizures (Malda-Castillo et al., 2023)	18	3	1 year pre and post	-	Reduced utilization – mental health, medications and emergency
Generalized Anxiety Disorder (Lilliengren et al., 2017)	215	8.3	Pre vs 4 years post	-	Physician and hospital costs – $16,200/ case
Hospital emergency (Abbass et al., 2010)	50		Pre-post	-	Cost savings
Hospital Occupational Health referred – Halifax, NS (26)	18	7.5	1 year pre vs 18 months post		Sick payments – $13,333/ case
Inpatient Refractory cases (Solbakken & Abbass, 2016)	95	8 wk	Non-randomized control Pre vs post	Wait list control	Reduced healthcare use, medications and disability
Medically unex-plained	50	3.8	1 year post vs 1 year pre	Non-randomized	Medical visits (emergency) and costs – $910/case

symptoms (Abbass et al., 2009)				control: Patients referred but not seen	
Mixed Conditions: Trial Therapy (Abbass et al., 2018)	344	1	3 years post vs 1 year pre	-	Physician and hospital costs – $10,840/case
Mixed sample – Trial therapy (Abbass, Joffres et al., 2008)	30	1	Naturalistic 1 month post vs pre	-	Medication and disability reductions, increased employment rate
Mixed sample (Abbass, 2002a)	89	14.9	1-2 years post vs 1 year pre	-	Hospital, physician, medication and disability costs – $6,202/case
Mixed sample (Abbass, 2002b)	166	16.9	Pre vs 1.75 year passive follow-up	Wait list – non-randomized control	Medication and disability reductions
Mixed sample (Abbass, 2003)	88	14.9	3 years follow-up vs projections	-	Hospital and physician costs – $1,827/case
Mixed Sample (Abbass, Kisely et al., 2015)	1082 Treatment Group: N= 890, Control: N = 192	7.3	Quasi-experimental design 3 years post vs 1 year pre	Non-randomized control – patients referred but not seen	Physician and hospital costs – $12,700/case
Mixed sample: Treated by Residents (Abbass, Kisely et al., 2013)	140	9.9 (average)	3 years post vs 1 year pre	-	Physician and hospital costs – $3,773/ case
Panic disorder (Wiborg & Dahl, 1996)	40 Treatment group: N=20, Control group: N=20	15	RCT Pre-post + 6, 9, 12, 18 month follow up	Medication only control	Less symptoms in ISTDP group at 9 months follow up. Medication use reduced vs control at 18 month follow up. More relapses in medication only group
Personality disorder (Abbass, Sheldon et al., 2008)	27 Treatment group: 14. Control: 13	27.7	RCT 2 years post vs 1 year pre	Waitlist control group	Medication and disability costs – $10,148/case
Personality disorder (Cornelissen, 2014)	155	Up to 6 months	10 years post vs 1 year pre	-	Increased employment 39% to 88%
Personality disorders (Cornelissen & Verheul, 2002)	93	Up to 6 months	2 years post vs 1 year pre	-	Hospital, physician, and health professionals cost – utilization rates only.
Pseudoseizures (Russell et al., 2016)	28	3.6	3 years post vs 1 year pre	-	Physician and hospital costs – $57,400/case

Psychiatry inpatients (Abbass, Town et al., 2013)	33	9	1 year post vs 1 year pre	Other psychiatric ward – Non-randomized	Electroconvulsive therapy costs – $1,400/case
Psychotic Disorders (Abbass, Bernier et al., 2015)	38	13	Pre vs 4 years post	-	Physician and hospital costs – $80,400/case
PTSD (Roggenkamp et al., 2021)	41	6	3 years post vs 1 year pre	No treatment	All health care costs – $10950/case
Treatment Resistant Depression (Town et al., 2020)	60 Treatment group: N=30, Control: N= 30	20	RCT Pre vs 18 months post	Mental Health Team TAU (mostly CBT + medication)	$503/case
Treatment Resistant Depression (Town, Abbass et al., 2017)	60 ISTDP: N= 30, TAU: N=30	20	RCT Pre vs 6 month post	Mental Health Team TAU (mostly CBT + medication)	Reduced medication use vs controls
Treatment-resistant depression (Abbass, 2006)	10	13.6	6 months post vs 6 months pre	-	Hospital, medication and disability costs – $5,688/case
Workers Compensation patients (Abbass, 2008)	188	10	2 years pre vs post	-	Reduction in payments – $28,116/ case

Section 3: Depression

There are now 20 published outcome studies of ISTDP for depression and related processes such as defense styles and attention bias. These include 16 randomized controlled trials and 3 case series with pre-post designs.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Treatment-resistant depression (Abbass, 2006)	10	13.6	Case Series 6 months post vs 6 months pre	-	Post > Pre + cost effective: hospital, medication and disability costs – $5,688 per case
Major depression. (Khoryaniyan et al., 2012)	16		RCT Pre-post	No treatment	ISTDP > control
Depression (Ajilchi et al., 2013a, 2013b)	32 ISTDP: N=16, Control: N=16		RCT Pre-post	Waitlist control	ISTDP > Control (a) ISTDP > Control on reduced attention bias (b)
Major depression (Ajilchi et al., 2016)	32 ISTDP: N=16, Control: N=16	15 (average)	RCT Pre-post + 12 month follow up	Waitlist control	ISTDP reduced depression and increased executive functioning
Treatment Resistant Depression (Town, Abbass et al., 2017)	60 ISTDP: N= 30, TAU: N=30	20	RCT Pre vs 6 month post	Mental Health Team TAU (mostly CBT + medication)	ISTDP > CMHT on depression, reduced medication + cost effective
Major Depressive Disorder (Town, Salvadori et al., 2017)	4	Treatment duration varied among patients	Case series design	-	Peak Affect Experiencing predicted strong therapeutic alliance next session in 3 cases
Social cognition in major depression (Ajilchi et al., 2020)	32 ISTDP: N=16, Control: N=16	15 (average)	RCT Pre-post	Waitlist control	ISTDP > Control
Depression (Jafarian et al., 2020)	10	-	RCT Pre-post	Laser therapy only control	Laser = Laser plus ISTDP – reduced depression
Adolescent depression (Lindqvist et al., 2020)	76 IPDT: 38 Control: 38	8 weeks IPDT	RCT Pre-post + 6 month follow up	Supportive control	Affect-focused internet-based psychodynamic psychotherapy (IPDT) > Control on reduced depression
Treatment Resistant Depression (Town et al., 2020)	60 Treatment group: N=30, Control: N= 30	20	RCT Pre vs 18 months post	Mental Health Team TAU (mostly CBT + medication)	ISTDP > CMHT on depression, reduced medication + cost effective
Treatment Resistant Depression (Heshmati et al., 2021)	3	10	Case series Single-case study	-	Post > Pre on emotional suppression and negative affect

Adolescent depression (Mechler et al., 2022)	272 IPDT: 136 ICBT: 136	8 self-help modules over 10 weeks	RCT Pre-post +	-	Internet-based psychodynamic psychotherapy (IPDT) = Internet-based CBT (ICBT) on reduced depression
Defense styles in depressed patients (Habiba & Arab, 2023)	30 ISTDP: N=15, Control: N=15		RCT Pre-post	No treatment	Maturation of defenses
Treatment Resistant Depression (Heshmati et al, 2023)	86 ISTDP: N=43, Control: N=43	43	RCT Pre-post	Waitlist control	ISTDP > Waitlist on depression, repression and negative affect
Sexual function and marital satisfaction in depressed women (Ziapour et al., 2023)	60 ISTDP: N=30, Control: N=30	2	RCT Pre-post	Waitlist control	ISTDP > Control on depression and marital satisfaction
IBS + comorbid depression (IBS-D) (Hakami et al., 2024)	30 ISTDP: 15 Control: 15	-	RCT Pre-post	No treatment	ISTDP > Control on reducing emotional suppression and intestinal symptoms
Depression (Johansson et al., 2024)	195	11 sessions average	Naturalistic study	-	ISTDP had a significant and large effect on depression
Anger and guilt in depression (Sarlaki et al., 2024)	32 ISTDP: N=16, Control: N=16	8 x 90 minutes	RCT Pre-post + 3 month follow up	Wait list	ISTDP > Control
Emotion regulation in depression (Soufi Amlashi, 2024)	30 ISTDP: 15 Control:15	12 x 60 – 180 minutes	RCT Semi-experimental Pre-post + follow up	No treatment	ISTDP > Control at pre-test-post-test and pre-test-follow-up stages
Major depression (Shojaeddin et al., 2025)	45 ISTDP: 15 Laser acupuncture (LA): 15 ISTDP+LA: 15	12 x 60 minute sessions	RCT Pre, session 8 and 12 + 1, 2 and 3 month follow-up	-	All groups reduced major depression. Combined ISTDP-LA reduced depression the most.

Section 4: Miscellaneous

There are 32 studies, including 25 RCTs, of various other populations including workplace stress and burnout, marital issues such as divorce and domestic violence, eating disorders and physical health problems including cancer, Covid-19 and type 2 diabetes.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Air Traffic Controller with Burnout (Pakdel et al., 2022)	30 ISTDP: N=15, Control: N=15	20 x 90 minutes	RCT Pre-post	No treatment	ISTDP > Control on job stress, quality of life and self-efficacy
Anger and grief in bereaved people (Abdoli et al., 2025)	30 ISTDP: 15 Control: 15	8 group sessions	RCT Semi-experimental Pre-post + follow up	No treatment	ISTDP > Control on anger and grief symptoms
Attachment styles in women with marital conflicts (Sarafraz & Moradi, 2022)	-	-	RCT	Treatment as usual	ISTDP > Control in attachment styles
Breast Cancer (Mahdavi et al., 2019)	6	15 x 2 hours	Case series Pre-post		Post > pre Defense maturation and emotion expression
Breast cancer (Nazeri, 2024)	36 ISTDP: 12 ACT: 12 Control: 12	ISTDP + ACT: 8 x 90 minutes (weekly)	RCT Pre-post design	Standard medical care – no therapy	ISTDP + ACT > Control Improved depression, alexithymia, quality of life, mental health
Cardiovascular disease in men (Amin Rostamkalai & Sadeghi, 2024)	34 STPP: 17 Control: 17	8 x 90-120 minutes	RCT Quasi-experimental Pre-post	No treatment	STPP > Control on increasing psychological self-management and cognitive flexibility
Couple relationships when treatment women tending to infidelity (Kashefi et al., 2023)	40 ISTDP: N=20, Control: N=20	9 x 90 minutes	RCT Pre-post	No treatment	ISTDP > Control in attachment behavior and self differentiation
Couples (Alipanah et al., 2025)	45 STPP: 15 Schema Therapy: 15 Control: 15	8 x 90 minutes	RCT Experimental Pre-post	Waiting for treatment	STPP + ST > Control on improved mental health and resilience ST > STPP on resilience
Couples with Alexithymia (Afrooz et al., 2023)	60	-	RCT Pre-post + 3 month follow up	Emotion focused therapy and control	ISTDP = EFT > Control
Defensive styles, anxiety and fear of intimacy (Nabizadeh et al., 2019)	26 ISTDP: N=13, Control: N=13	10 x 45 minutes	RCT Pre-post	Active treatment control group	Neutralization of tactical defenses reduced immature and neurotic defensive styles, and state and trait anxiety.
Dementia (Ericson & Eriksson, 2013)	3		Case study	-	

Eating Disorders (Nowoweiski et al., 2011)	6	4 week Day Treatment Program (DTP) including ISTDP group	Pre-post	-	"Results indicate that the pilot DTP described above appears to be partially effective in decreasing the behaviours and psychosocial impairment associated with ED symptoms".
Eating Disorders (Nowoweiski et al., 2020)	27	9.8	Case Series	3 years post vs. 1 year pre	Post > pre Reduction in all health care costs – $15,024/ case
Emotional expressiveness and differentiation in Betrayed Women (Ranjbar et al., 2022)	40 ISTDP: N=20, Control: N=20	9 x 75 minutes	RCT Pre-post	Wait list	ISTDP > control
Emotional loneliness in asthmatics (Mohammadi Mansour, 2025)	45 ISTDP: 15 MBT: 15 Control: 15	-	RCT Quasi-experimental Pre-post	-	ISTDP + MBT > Control/MBT > ISTDP in reducing emotional loneliness
Executive function in grade 9 girls (Sarihi et al., 2020)	9		RCT Pre-post	Awareness training vs ISTDP plus awareness training control	ISTDP > Awareness training
Female victims of domestic violence (Shokohifar et al., 2025)	45 ISTDP: 15 ACT: 15 Control: 15	ISTDP: 15 ACT: 8	RCT Quasi-expermental Pre-post + 3 month follow up	Waitlist control	ISTDP = ACT > Control on reduced psychological distress and improved ego strength
Financial Marker Traders Stress (Jabalameli and Borujeni 2023)	30		RCT	No treatment	ISTDP > Control on emotional intelligence and ambiguity tolerance
Infertile women – self-comapassion & existential anxiety (Bahremand et al., 2024)	60 ISTDP: 20 Existential Therapy (ET): 20 Control: 20	8 x 45 minutes	RCT Quasi-experimental Pre-post + follow-up	Waitlist	ISTDP = ET > Control on self-compassion and reduced existential anxiety
Inflammatory Bowel Disease (IBD) (Watt & Irving, 2019)	7	2-12	Case Series Pre-post	-	Improvement on IBD symptoms
Intra/interpersonal skills and family function in couples (Sadatmand et al., 2024)	24 ISTDP: 8 SCT: 8 Control: 8	12 sessions	RCT Quasi-experimental Pre-post	No treatment	ISTDP + SCT > Control on improved family function and intra/interpersonal skills
Marital conflict (Parisiuz et al., 2019)	40 ISTDP: N=20, Control: N=20	8	RCT Pre-post + 3 month follow up	No treatment	ISTDP > Control Reduced conflict, better IP function

Maternal ambivalence (Pollack, 2024)	2	-	Case study	-	ISTDP reduced maternal ambivalence
Mother-child conflict (Pasbani et al., 2018)	16 ISTDP: N=8, Control: N=8	8	RCT Pre-post + 2 month follow up	No treatmernt control	ISTDP improved the mother-child relationship
Oppositional Defiant Disorder in adolescents (Nikakhlagh & Manavipour 2023)	30 Treatment group: N=15, Control: N=15	8	RCT Pre-post	No treatment	ISTDP> Control
Patients recovered from Covid-19 (Jafari et al., 2024)	30 ISTDP: 15 Control: 15	12 sessions	RCT Semi-experimental Pre-post + 2 month follow-up	No treatment	ISTDP > Control on depression, health anxiety and physical symptoms
Psychiatric Inpatients (Abbass et al., 2013)	33	9	Case Series	-	Post > Pre ECT reduction Cost Effective
Self-compassion in cancer patients (Alirezaee et al., 2023)	30		RCT		ISTDP = CBT > Control on self-compassion
Treating mothers of children with Social Anxiety (Harchegani & Ghazanfari, 2024)	45 ISTDP: N=15, Schema therapy: N=15, Control: N=15	10 x 90 minutes (ISTDP + Schema Therapy)	RCT Pre-post + 3 month follow up	No treatment	Schema Therapy > ISTDP > control in reducing child anxiety
Type 2 diabetes (Moharer & Harafteh, 2021)	40 Treatment: N=20, Control: N=20	8 x 90 minutes	RCT Pre-post	TAU control	ISTDP > Control in increasing emotion regulation and health hardiness
Women seeking divorce (Farahdel et al., 2024)	45 ISTDP: 15 ACT: 15 Control: 15	ISTDP: 16 ACT: 10 x 90 minutes	RCT Quasi-experimental Pre-post + 1 month follow-up	No treatment	ISTDP = ACT > Control in altering dysfunctional communication beliefs
Women victims of marital infidelity (Shams et al., 2022)	45 ISTDP: N=15, MBT: N=15, Control: N=15	ISTDP: 15 x 90 minutes MBT: 20 x 90 minutes	RCT Pre-post	Waitlist control	MBT > ISTDP on defense development ISTDP + MBT > control

Section 5: Mixed Disorders

There are 20 studies of ISTDP for mixed anxiety and depression, including 2 RCTs and a number of case series with pre-post designs.

Study/Sample	*n*	# Session	Study design	Control	Main Outcomes/Effect
Complex Populations, UK (Malda-Castillo et al., 2020)	8		Case Series		Enduring symptom reduction
Depresson and Anxiety in students (Jarareh & Babazadeh, 2025)	14 ISTDP: 7 Control: 7	6	RCT Quasi-experimental Pre-post	No treatment	ISTDP>Control on decreased depression and anxiety
Extended Trial Therapy (Aafjes-van Doorn et al., 2014)	31	1	Non-randomized trial – Pre post design	-	After the trial therapy session, patients reported a significant increase in remoralization and self-compassion and a significant decrease in symptoms of general distress but not interpersonal problems. Process ratings were not significantly associated with improvement on these outcome measures.
Group Intensive Experiential-Dynamic Psychotherapy (Landra, 2018)	8		Case study	-	"The group IE-DP approach yielded encouraging results for resistant patients with Superego pathology, and that the group setting lends itself to Self- and Other-restructuring".
Hospital Occupational Health referred – Halifax, NS	18	7.5			Reduction in sick payments – $13,333/ case
ISTDP Trial therapy vs standard intake interviews (Abbass et al., 2009)	50	1	Non-randomized clinical trial	20 standard intake assessment interviews	Trial therapies were clearly distinguishable from standard intake assessments. The trial therapy resulted in statistically significant improvements on all BSI subscales. In the follow-up interview, one third (10) of individuals in the trial therapy group required no further treatment, 7 were able to stop 11 psychotropic medications, and 2 were able to return to work.
Mixed Conditions: Trial Therapy (Abbass et al., 2018)	344	1	Case Series 3 years post vs 1 year pre	-	Post > Pre Cost Effective (physician and hospital costs): $10,840/case
Mixed outpatients (Town et al., 2013)	89	-	Naturalistic	-	Emotional experiencing correlates with healthcare cost reduction, symptom reduction

Mixed sample (Abbass, 2002a)	89	14.9	Case series 1-2 years post vs 1 year pre	-	Significant symptom reduction $6,202/case cost reduction: hospital, physician, medication and disability costs
Mixed sample (Abbass, 2002b)	166	16.9	Before vs 1.75 year passive follow-up	Wait list. Non-randomized control.	Medication and disability reductions
Mixed sample (Abbass, 2003)	88	14.9	3 years follow-up vs projections	-	$1,827/case cost reduction
Mixed sample: Treated by Residents (Abbass, Kisely et al., 2013)	140	9.9	3 years post vs 1 year pre	-	$3,773/case cost reductions – physician/hospital.
Mixed sample. Trial therapy (Abbass, Joffres et al., 2008)	30	1	Naturalistic Pre vs 1 month post	-	Medication and disability reductions. Trial therapy reported to be clinically effective and cost-effective in a tertiary setting; 43% had recovery from case criteria as shown through BSI scores; one-third required no further treatment, seven stopped medications and two returned to work following trial therapy
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2014)	250 – projected	8 weeks intensive residential programme – 8 x 90 minutes or 16 x 45 minutes individual sessions	Pre vs post + follow up at 6 and 12 months	Waitlist control: TAU	ISTDP > Control Cost Effective: Reduced healthcare use, medications and disability
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2015)	90 ISTDP treatment: N=60, Control: N=30	8 weeks intensive residential programme – 8 x 90 minute sessions	Pre-post + through treatment + follow up at 6 and 14 months	Waitlist control: TAU	ISTDP > Control Cost Effective: Reduced healthcare use, medications and disability
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2016)	95	8 weeks intensive residential programme – 8 x 90 minutes or 16 x 45 minutes individual sessions	Pre-post + at weeks 3 and 5 of treatment + follow up at 6 and 14 months	Waitlist control: TAU	ISTDP> Wait Cost Effective: Reduced healthcare use, medications and disability
Psychological distress in students (Nabili Noghabi et al., 2025)	54 ISTDP: 18 SFBT: 18 Control: 18	10 x 90 minutes	RCT Quasi-experimental Pre-post	No treatment	ISTDP > SFBT > Control on reducing psychological distress (Kessler psychological distress scale)
Refractory Mixed Diagnoses Tier 3	23		Case Series		Post > Pre

or 4 NHS, UK (Hajkowski, 2012)					
Refractory/ Severe Personality Disorders, (Cornelissen & Verheul, 2002)	93	Up to 6 months	Case Series 2 years post vs 1 year pre.	-	Post > Pre Healthcare and disability reductions: Hospital, physician and health professionals cost – utilization rates only.
Trial therapy – role of unlocking the uncs, mixed sample. Tertiary centre (Abbass et al., 2017)	500	1	Baseline vs 1 month post	-	Significant outcome effects were observed for both the BSI and the IIP with small to moderate preeffect/posteffect sizes, Cohen's d = 0.52 and 0.23, respectively. Treatment effects (self-reported symptoms and interpersonal problems) were greater in patients (psychoneurotic and fragile) who had a major unlocking of the unconscious compared with those who did not.
Workers Compensation Patients (Abbass, 2008)	188	10	2 years pre vs post	-	Reduction in payments – 28,116/case

Section 6: Personality Disorders

There are 13 studies of ISTDP for personality disorders including case series and 8 randomized controlled trials with pre-post designs.

Study/Sample	*n*	# Session	Study design	Control	Main Outcomes/Effect
Antisocial Personality Disorder (Salehian & Moradi, 2022a, 2022b)	16	-	RCT Pre-post	No treatment	ISTDP > Control on reduced aggression and improved social adjustment
Cluster C Personality Disorder (Hellerstein et al., 1998)	49 STDP: N=25, BSP: N=24	40	RCT Pre-post + 6 month follow up	Brief Supportive Psychotherapy control	STDP =/> BSP
Histrionic Personality Disorder (Salehian & Moradi, 2023)	-	-	RCT Pre-post	No treatment	ISTDP > Control on multiple variables
Histrionic Personality Disorder (Salehian, 2022)	16	-	RCT Pre-post	No treatment	ISTDP > control on multiple variables
Obsessive-compulsive and Avoidant Personality Disorders (Moazzami et al., 2021)	6	15	Single experimental design: Baseline, after every 3 sessions, 3 follow ups at 1 month intervals	-	ISTDP reduced symptoms and defense mechanisms.
Personality Disorder (Abbass, et al., 2008)	27 Treatment group: N=14. Control: N=13	27.7	RCT 2 years post vs 1 year pre	Waitlist control group	ISTDP > Minimal Contact Cost effective (medication and disability costs) – $10,148 per case
Personality Disorder (Svartberg et al., 2004)	50 STDP: N=25, CBT: N=25	40	RCT Pre-post + 2 year follow up	CBT control group	STDP =/> CBT
Personality Disorder (Winston et al., 1994)	81 ISTDP: N=25, BAP: N=30, Control: N=26	40.3 (mean)	RCT Pre-post + 1.5 year follow up	Brief Adaptive Psychotherapy + Waitlist control	STDP > Ctrl
Personality Disorder: Residential treatment – long-term follow up (Cornelissen et al., 2025b)	155 R-ISTDP	6 month residential treatment: individual ISTDP sessions in a group setting, observing ISTDP sessions	Naturalistic study design Pre-post: 1-10 year follow up	-	R-ISTDP = significant improvements in symptom severity and general functioning; improved employment status – 39% to 88%
Personality disorders: Residential treatment (Cornelissen & Verheul, 2002)	93	Up to 6 months	2 years post vs 1 year pre	-	Hospital, physician, and health professionals cost – utilization rates only.
Personality Vulnerabilities (Walker et al., 2025)	15 ISTDP: 9 DBT: 6	12 x 2.5 hr weekly group program	RCT Randomised pilot study for feasibility	-	ISTDP + DBT = improved depression, emotion dysregulation, dissociation

					ISTDP = reduced anxiety and stress
Refractory/ Severe Personality Disorders (Cornelissen, 2014)	155	Up to 6 months	Case Series 10 years post vs 1 year pre		Post > Pre Increased employment – 39% to 88%.
Schizoid Personality Disorder (Hojjati et al., 2024)	30 ISTDP: 15 Control: 15	15 x 90 minutes weekly	RCT Quasi-experimental Pre-post + 2 month follow-up	No treatment	ISTDP > Control on reducing shame and increasing psychological hardiness

Section 7: Qualitative and Process Studies

There are now a large series of process studies examining events in sessions, and some relating processes to outcomes. Overall, these 31 studies, including 5 RCTs, validate the core principles of the method has developed by Dr Davanloo.

Study/Sample	*n*	# Session	Study design	Control	Main Outcomes/Effect
Adolescent depression (Mechler et al., 2024)	1	8 modules over 10 weeks	RCT	-	A case example is provided from one of 2 IPDT (Internet-based psychodynamic therapy) RCTs (Lindqvist et al., 2020; Mechler et al., 2022 – see Depression section of this review) to illustrate the treatment process and therapeutic interaction in detail: how a psychodynamic understanding of adolescent development and depressive dynamics as well as affect-focused treatment principles inform the treatment, including the therapist's role, tasks, and choice of interventions.
Affect Experiencing (AE) in ISTDP for depression (Town et al., 2017)	4	20	Case study series	-	"The study found mixed results: 2 participants showed a reduction in distress associated with increased affective experiencing and working alliance; 2 patients showed no association between these variables; 2 partcipants showed mixed results".
Analysis of counselor response mode profile in ISTDP (Bernardelli et al., 2002)	1	16 – 3 sessions analysed (early, middle, late)	Single case design	-	"The bulk of counselor response was characterized by a pattern of four techniques, namely information seeking (46%), providing information (21%), interpretation (17%), and confrontation (10%); ISTDP was observed to use a consistent set of verbal response modes; the combination of these response modes was almost exclusively present in all the sessions examined; frequency of response modes seemed to remain similar in the two earlier sessions with a predominance of interpretation, whereas in the last session provision of information increased; when the therapist functioned at a semantic level, the grammatical structure of the interventions followed statistically significant patterns. "
Anxiety measurement scale (Baker & Manavipor, 2019)	1395				The Anxiety scale can test each of the channels of anxiety: cognitive disturbances, smooth muscle, skeletal muscle.
Attachment status (Neborsky & Bundy, 2013)	8		Case series	-	The authors predicted seven out of eight AAI main classifications correctly…the systematic ISTDP inquiry at the level of the stimulus (current, past, and therapeutic relationship) and response (defence, anxiety, and impulse/feeling) and combined with the clinician's knowledge of the patient's clinical history can effectively substitute for the AAI interview… .
Body temperature (Manavipour & Roshani, 2015)	1		Case study	-	Intensive short-term dynamic psychotherapy changes the body temperature. The body temperature is a sign to review the protocol and determine the level of anxiety and the patient's defenses.

Case study. (Fleury et al., 2016)	1	2 x 60-90 minutes	Case study	-	"Activation of sympathetic system during defensive responses associated with anxiety and during the passage of unconscious aggressive impulses; increased vagal tone following the experience of unconscious guilt".
Differences between fragile and resistant patients (Eilsen et al., 2023)	418 330 resistant patients 88 fragile patients	-	Naturalistic pilot study	-	The results provide support for the notion that fragile patients in general experience more psy- chological distress and speci cally suffer from more somatization and additionally anxiety, phobic anxiety and psychoticism symptoms.
Dr Davanloo's Original case research					Documented with many case examples and presented over numerous workshops over 30+ years, the key processes of the central dynamic sequence, necessity of repeated recapping, and other key principles of the method were studied and developed.
Group Intensive Experiential-Dynamic Psychotherapy (Landra, 2018)	8		Case study	-	The therapeutic process by means of the three main dynamic activities: defence restructuring, anxiety regulation, and emotional maieutics…the group IE-DP approach yielded encouraging results for resistant patients with Superego pathology, and that the group setting lends itself to Self- and Other-restructuring.
Guilt and self-compassion (Nygren & Johansson, 2015)	5	20	RCT	-	Guilt arousal was not shown to positively predict self-compassion for any of the five patients. For one patient guilt arousal negatively predicted self-compassion two sessions ahead in time.
ISTDP Trial therapy vs standard intake interviews (Abbass et al., 2009)	500	1	Non-randomized clinical trial – Baseline vs 1 month post	-	Trial therapies were clearly distinguishable from standard intake assessments. The trial therapy resulted in statistically significant improvements on all BSI subscales. In the follow-up interview, one third (10) of individuals in the trial therapy group required no further treatment, 7 were able to stop 11 psychotropic medications, and 2 were able to return to work.
Mixed outpatients (Town et al., 2013)	89	14.9	Naturalistic	-	Emotional experiencing correlates with healthcare cost reduction, symptom reduction
Mixed Treatment Refractory Nova Scotia Psychiatric sample (Johansson et al., 2014)	412	10.2	Case series	-	Cost effective vs control. Savings=17 x cost. "Overall effectiveness of ISTDP supported in a tertiary unit. Patients classified as fragile and/or psychotic had more symptom severity pretreatment and a steeper rate of recovery; average number of sessions provided was 10.2. Professional therapists (vs. trainees) did not seem to conduct more effective treatments; patients with extreme resistance seemed to require major unlocking of the unconscious to benefit. Patients of a single therapist, considered expert in ISTDP, had better outcomes than patients of the other therapists on one of the outcome measures."
Patient defense/therapist interventions – STDP (Winston et al., 1994)	28	44 (mean) – 4 sessions coded per patient	RCT Pre-post + 1.5 year follow up	-	The frequency of therapist addressing defense (TAD) is significantly correlated with patient outcome […] Further, there is a significant correlation between patient defensive behavior and the therapist addressing this behavior, as well as a decrease in immature and intermediate

					defenses which correlates with the frequency of the therapist addressing these behaviors earlier in treatment.
Patient-therapist interaction – STDP (McCullough et al., 1991)	16	27-53 sessions	Case series	-	Results indicate that patient-therapist interpretations followed by patient affect bears a significant relationship to improvement at termination, whereas an intervention (of any type) followed by defensiveness correlates negatively with outcome. These findings suggest that an examination of patient- therapist interaction episodes may be more productive than examining process variables in isolation.
Patients' affective processes (Aafjes-van Doorn et al., 2017)	31	Data from initial sessions	Case study	-	Results suggest that, to intensify patients' immediate affect experiencing in initial EDT sessions, therapists should focus on increasing insight into defensive patterns and, in particular, motivation to give them up.
Personality Disorder (Callahan, 2000)	6		Case Series	-	Post > Pre. Resistance seen as avoidance of eye contact decreased from early to late therapy; decrease in resistance marginally correlated with therapeutic improvement.
Personality Disorder: Residential treatment (Cornelissen et al., 2025a)	155 R-ISTDP	6 month residential treatment: individual ISTDP sessions in a group setting, observing ISTDP sessions	Naturalistic study design Pre-post: 1-10 year follow up	-	R-ISTDP = significant improvements in symptom severity and general functioning; improved employment status – 39% to 88%
Postpartum Obsessive-Compulsive Disorder (Pollack et al., 2025)	1	24 ISTDP + integrated elements of exposure with response prevention	Evidence-based case study	-	Outcome data from this case (self-report measures and clinical interviews) demonstrate dramatic reductions in obsessive-compulsive symptoms, anxiety, and representational risk, as well as improvement in mentalization and parental reflective functioning, and improve-ments overall in attachment-based behaviors between the mother and her children.
Psilocybin (Martline, 2024)	57 50 retreat attendees + 7 ISTDP therapists	Psilocybin retreat	Exploratory, mixed-methods, naturalistic study	-	The results of study 1 (50 retreat attendees) indicated that psilocybin may positively impact a person's attachment disposition and emotional regulation skills. Study 2 (7 ISTDP therapists) provides insight into how the effects of psilocybin are viewed through the eyes of ISTDP therapists. These therapists provided examples of novel theoretical intersections between ISTDP and psychedelics, as well as examples of subjectively felt clinically meaningful changes in their work following the retreat.
Single case (Stalikas et al., 1997)	1	16	Single case design	-	"Good moments were related to the patient's provision of information, exploration of feelings, and insight and understanding. In-session behavioral change also was an important component of therapeutic process."
Social Anxiety Disorder (Rhamani et al., 2020a)	42 IB-ISTDP: N=14, ISTDP: N=14, Control: N=14	10	RCT	Waitlist control	ISTDP > Control ISTDP delivered with emphasis on feelings versus emphasis on defense yielded the same outcomes.
Social Anxiety Disorder (Rhamani et al., 2020b)	41 FF-ISTDP: N=14, DF-ISTDP: N=14,	10	RCT	Waitlist control	Greater reductions in fear and avoidance vs control. ISTDP delivered with challenge to defences versus emphasis

	Control: N=13				clarification, yielded the same outcomes.
Study of "good moments" – single case (De Stefano, 2001)	1	16 – 3 sessions rated	Single case design	-	"Confrontation and information seeking were associated with the appearance of immediate good moments; interpretation and provision of information were not. "
The role of grief in change (Sayar & Hjeltnes, 2021)	-	-	-	-	Grief and grieving represent a central process of change in contemporary psychotherapies (including ISTDP).
The role of unlocking the unconscious (Johansson et al., 2024)	195	11 sessions average	Naturalistic study	-	The process of unlocking the unconscious emerged as a significant mediator of treatment outcomes for both depression and interpersonal problems.
Therapist interviews – Intense emotional experiencing (Flynn, 2019)	-	-	IPA – Interpretative Phenomeno-logical Analysis	-	The findings of the study reveal: (1) a paradox of the moment-by-moment precision aimed for by therapists, whereby effectiveness can be accompanied by a heightened focus on what gets missed; (2) how therapists make sense of the therapeutic relationship as a place of safety and risk; and (3) the importance of deliberate practice to help therapists build their capacity to work effectively with their clients' deep emotions.
Treatment Resistant Depression RCT (Town et al., 2022)	27	20	RCT	-	Experiencing Previously Avoided Anger Positively Predicts Reduction in Depression via Working Alliance and Insight
Trial therapy – role of unlocking the unconscious: Tertiary centre, mixed sample (Abbass et al., 2017)	500	1	Baseline vs 1 month post	-	Major unlocking positively associated with improvements in self-reported symptoms and interpersonal problems in both fragile and psychoneurotic patients. Significant outcome effects were observed for both the BSI and the IIP with small to moderate preeffect/posteffect sizes, Cohen's d = 0.52 and 0.23, respectively. Treatment effects (self-reported symptoms and interpersonal problems) were greater in patients (psychoneurotic and fragile) who had a major unlocking of the unconscious compared with those who did not.
Trial therapy – tertiary setting: Mixed sample (Abbass et al., 2008)	30	1	Naturalistic – Pre vs 1 month post	-	Trial therapy reported to be clinically effective and cost effective (medication and disability reductions) in a tertiary setting: 43% had recovery from case criteria (shown through BSI scores); one-third required no further treatment, seven stopped medications, two returned to work following the trial therapy; most commonly used therapist interventions were "pressure" (59%), "linkage" between past-present feelings, anxiety, and defenses (19%), "clarification and challenge" (14%).

Quotations are from items in Hoviatdoost, P., Schweitzer, R. D., Bandarian, S., & Arthey, S. (2020). Mechanisms of change in intensive short-term dynamic psychotherapy: Systematized review. *American Journal of Psychotherapy*, *73*(3), 95-106. doi:10.1176/appi.psychotherapy.20190025

Section 8: Self-harm and Suicidal Behavior

There are now 4 studies on ISTDP for self-harm and suicidal behavior, including 3 RCTs.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Self Injurious Behaviors (Moradzadeh et al., 2020)	5	20	Case series Pre-post + 2 months follow up	-	Post > Pre
Suicidal behaviour in teenage girls (Ghadampour et al., 2025)	30 ISTDP: 15 Control: 15	-	RCT Semi-experimental, Pre-post	-	ISTDP* > Control on adaptive coping strategies and improved decision-making ability *ISTDP with an Anxiety Modulating Approach Protocol (McCullough, 1997)
Suicidal ideation and anger in suicidal behavior (Rahmani et al., 2025)	30 ISTDP: 15 Control: 15	5 2 x 3-4 hrs + 3 x 90 minutes-2 hrs	RCT Quasi-experimental, Pre-post	Medication only	ISTDP > Control on reducing anger, suicidal ideation and likelihood of suicide reattempts
State-trait anxiety and resilience in self-harming female students (Zahrakar et al., 2025)	45 ISTDP: 15 CBT: 15 Control: 15	ISTDP: 12 x 90 minutes CBT: 8 x 90 minutes	RCT Pre-post + follow up	No intervention	ISTDP>CBT>Control on improved state-trait anxiety and resilience

Section 9: Severe Mental Disorders

5 studies focus on ISTDP for severe mental disorders such as bipolar disorder and schizophrenia. One of those is an RCT.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
OCD and Schizophrenia (Abbass, 2001)	1	20	Case report	-	Symptom reduction
Bipolar Disorder (Abbass, 2002)	4	5	Case Series Pre-post	-	Post > Pre
Mixed Treatment Refractory Nova Scotia Psychiatric sample – Psychotic Disorders (Abbass et al., 2015)	38	13	1 year pre (baseline) + 4 yearly follow ups after treatment	Non-randomized control: Patients referred but not seen	Physician and hospital costs – $80,400 per case
Refractory Bipolar Disorder (Abbass et al., 2019)	29	4.6	Case Series 1 year pre and 4 years post	-	Post > Pre Reduction in all healthcare costs – $81,632 per case
Women with somatic psychosis (Yousefi et al., 2024)	30 ISTDP: 15 Control: 15	15	RCT Semi-experimental Pre-post + 2 month follow up	No treatment	ISTDP > Control on improved self-compassion and personality organization

Section 10: Somatic Symptoms

There are now 50 published papers related to the use of ISTDP in somatic symptom conditions, with 28 RCTs. Some of these studies are combined with Emotion Expression and Awareness Therapy (EAET) which is derived from ISTDP and related models. Several of the studies measure symptoms in patients with structural or known organic physical conditions influenced by stress factors.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Atopic Dermatitis (Linnet & Jemec (2001)	32 Treatment group: N=16, Control group: N=16	6 months	RCT Pre-post + 12 month follow up	Active treatment control group	ISTDP > control in anxious Cases
Atopic Dermatitis (Naghibi et al., 2023)	5	10	Case series Pre-post	-	Post > Pre
Back Pain (Hawkins, 2003)	47		Case Series		Sig pain reduction
Breast Cancer (Jamshidi et al., 2023)	3	-	Case Series	-	Post > Pre in pain anxiety and self-compassion
Breast cancer (Nazeri, 2024)	36 ISTDP: 12 ACT: 12 Control: 12	ISTDP + ACT: 8 x 90 minutes (weekly)	RCT Pre-post design	Standard medical care – no therapy	ISTDP + ACT > Control Improved depression, alexithymia, quality of life, mental health
Bruxism (Chirco et al., 2015)	41		RCT		ISTDP > control
Chronic Headache (Abbass et al., 2008)	29	19.7	Case Series 1 year post vs 1 year pre	-	Sig symptom and healthcare cost reduction – $7,009 per case
Chronic Pain (Chavooshi et al., 2016a)	100 ID-ISTDP: N=50, Control: N=50	16	RCT Pre-post + 6 month follow up	TAU control group	ISTDP > control – pain reduction
Chronic Pain (Chavooshi et al., 2016b)	63 ISTDP: N=23, MBSR: N=20, TAU: N=20	20	RCT Pre-post + 6 month follow up	MBSR + TAU controls	ISTDP > Mindfulness Based Stress Reduction and TAU
Chronic Pain (Chavooshi et al., 2017a)	81 ISTDP: N=42, ID-ISTDP: N=39	16	RCT Pre-post + 12 month follow up	Active treatment control group	ISTDP in person > ISTDP by Skype
Chronic Pain (Chavooshi et al., 2017b)	341 ISTDP: N=177, CBT: N=164	16	RCT	CBT control group	Sig symptom effects ISTDP=CBT

			Pre-post + 3 month follow up		
Chronic Pain (Karimi et al., 2023a, 2023b)	45 ISTDP: N=15, MBCT: N=15, Control: N=15	8 x 90 minutes	RCT Pre-post + follow up	Waitlist control	ISTDP >/= Mindfulness based Cognitive Therapy > Control (a) ISTDP >/= Mindfulness based Cognitive Therapy > Control (b)
Chronic Pain (Lilliengren et al., 2020)	228	6.1	Case series Pre vs post up to 3 years	-	Symptom and Interpersonal problem reduction and $14,000/case cost reduction
Chronic Pain (Moghadam et al., 2024)	30 ISTDP: N=15, Control: N=15	15 x 90 minutes	RCT Pre-post + follow up	No treatment	ISTDP> Control Attachment styles improved, as did health anxiety and somatization
Chronic Pain (Narimani et al., 2022)	60 ISTDP: N=20, Hynotherapy: N=20, Control: N=20	8	RCT Pre-post + follow up	No treatment control	ISTDP > hypnosis > Control
Chronic pain in older veterans (Yarns et al., 2024)	126 EAET: N=66, CBT: N=60	1 x 90 minute individual + 8 x 90 minute group	RCT Pre-post + 6 month follow up	Emotional Awareness and Expression Therapy (EAET) vs CBT	EAET+ ISTDP Trial > CBT Greater pain relief + reduced anxiety, depression, increased life satisfaction
Chronic Pain in Veterans (Jazi et al., 2019)	64	1 x 90 minute individual + 8 x 90 group	RCT Pre-post + 3 month follow up	CBT control	EAET + ISTDP Trial > CBT
Fibromyalgia (Farzadakia et al., 2023a, 2023b)	36 ISTDP: N=12, MBSR: N=12, Control: N=12	8 x 120 minute sessions	RCT Pre-post + 3 month follow up	No treatment control	ISTDP> MBSR> Control on improved intolerance of uncertainty + depression (a) ISTDP> MBSR> Control – Alexithymia + depression (b)
Fibromyalgia (Flibotte, 2012)	67		Case Series		Sig symptom reduction
Functional Movement Disorders (Hinson et al., 2006)	10		Case Series		Sig symptom reduction
Functional Neurological (Russell et al., 2017)	11		Case Series		Improvement on multiple domains
Functional Seizures (Malda-Castillo et al., 2022)	18	3	Case Series Pre-post + 1 month follow up	-	Reduced symptoms, long term health cost reductions
Functional Seizures (Malda-	18	3	Case Series. 1 year pre and post	-	Reduced symptoms, medication and

Castillo et al., 2023)					emergency utilization, long term health cost reductions
Gastrointestinal disorders (Rostami Ravari et al., 2024b)	15 ISTDP: 8 Control: 8	15 x 90 minutes	RCT Quasi-experimental Pre-post + follow up	No treatment	ISTDP > Control on enhanced ego strength & reduced anxiety & gastrointestinal symptoms
Gastrointestinal dysfunctions (Rostami Ravari et al., 2024a)	32 ISTDP: 16 Control: 16	15 x 90 minutes	RCT Quasi-experimental Pre-post + 2 month follow-up	No treatment	ISTDP > Control on ego strength and reduced gastrointestinal symptoms
IBS + comorbid depression (IBS-D) (Hakami et al., 2024)	30 ISTDP: 15 Control: 15	-	RCT Pre-post	No treatment	ISTDP > Control on reduced emotional suppression and intestinal symptoms
Inflammatory bowel disease (Watt & Abbass, 2019)	2	12	Case study	-	Psychosomatic improvement following therapy
Inflammatory Bowel Disease (Watt & Irving, 2019)	7	1-12 sessions	Case Series Pre-post + 6 month follow up	-	Improvement on IBD symptoms
Irritable Bowel Syndrome (Barahimi et al., 2024)	45 ISTDP: N=15, ACT: N=15, Control: N=15	-	RCT Semi-experimental Pre-post	-	ISTDP > ACT > Control on increasing emotion regulation
Irritable Bowel Syndrome (Farzdi et al., 2021)	30 STDP: N=15, Control: N=15	12 x 90 minutes	RCT Pre-post + 3 month follow up	No treatment control	ISTDP > Control
Irritable Bowel Syndrome (Jafari, 2023)	30 ISTDP: N=15, Control: N=15	15 x 90 minutes	RCT	No treatment control	ISTDP > Control
Irritable Bowel Syndrome (Mostafavi Shirazi et al., 2024)	25 Psychoanalysis: 5 Analytical group therapy: 10 Control: 10	Psychoanalysis: 24 (weekly), Analytical group therapy: 6 x 90 minutes (weekly)	RCT Experimental design Pre-post + control only follow up	2 x group counselling sessions	Psychoanalysis +/= Analytical group therapy > Control on reduced stress, GI symptoms and perfectionism
Mixed MUS (Abbass et al., 2015)	1082 Treatment Group: N= 890, Control: N = 192	7.3	Quasi-experimental design 3 years post vs 1 year pre	Patients referred but not treated	Sig symptom reduction and Cost reduction – $12,700 per case
Mixed MUS (Abbass, 2002)	29	16.9	Case Series	Wait list Non-randomized control	Sig symptom reduction
Mixed Somatic Symptoms (Irani et al., 2024)	45 ISTDP: N=15, Existential therapy:	-	RCT Pre-post	-	ISTDP > Existential Therapy > Control

	N=15, Control: N=15				
Mixed Somatic Symptoms in Family Practice (Cooper et al., 2017)	37	4.2 (average)	Case Series Pre vs post 6 months	-	Sig symptom improvement. 23% drop in family doctor visits
Multiple Sclerosis (Abbass, 2018)	10		Case series		Post > Pre on symptoms and doctor visits
MUS (Abbass, Campbell et al., 2010)	50		Pre-post	-	Cost savings
MUS emergency (Abbass, Tarzwell et al., 2010)	-	-	Case study	-	ISTDP introduced as secondary measure in emergency to explain symptoms with no clear medical causes
MUS in Emergency (Abbass et al., 2009)	50	3.8	1 year post vs. 1 year pre	Non-randomized control. Patients referred but not seen	Sig symptom reduction and emergency visit reduction pre vs post and vs control
Pain in breast cancer (Arabkhazaeili & Ghorbanadeh, 2024)	30 ISTDP: 15 Control: 15	16 x 90 minutes	RCT Quasi-experimental Pre-post	No treatment	ISTDP > Control on reduced pain catastrophizing & perception
Pereceived stress in patients with Hypertension (Hashemvarzi & Ghazanfari, 2025)	45 ISTDP Control	11 x 90 minutes	RCT Pre-post	No treatment	ISTDP>Control on reduced perceived stress in patients with hypertension
Priaprism (Abbass et al., 2013)	1	2 year treatment	Case study	-	Sig symptom reduction – intensity and frequency
Pseudoseizures (Russell et al., 2016)	28	3.6	Case Series 3 years post vs. 1 year pre	-	Sig symptom and cost reduction (physician costs, hospital costs) – £57,00 per case
Psychogenic movement disorders (Kompoliti et al., 2014)	15 STPP-immediate: N=7, STPP-delayed: N=8	12	RCT Cross-over design Pre-post + 3 month follow up	STPP delivered immediately vs 3 months delayed	"PMDs as well as depression and anxiety improved, but without specific benefit time-linked to psychotherapy as opposed to neurological observation and support".
Somatic Sytmptom and Related Disorder (SSRD) (Town et al., 2024)	37 ISTDP: 19 Control: 18	8: 1 x 2 hrs + 7 x 50-60 minutes	RCT Pre-post + 2 year follow up	Medical care as usual + waitlist symptom monitoring	ISTDP>Control on reduced somatic symptoms, depression and illness anxiety

Tension Headaches (Shahverdi et al., 2024)	30 ISTDP: N=15, Control: N=15	16	RCT Pre-post + 10 week follow up	Waitlist control	ISTDP > Control in headache, anger, anxiety and emotion regulation
Treatment resistant sexual dysfunction in females (Moradian et al., 2017)	5	Trial therapy session + 20 x 120 min sessions	Case series Pre-post + 8 week follow up	-	Post > Pre Normalization on outcomes
Urethral Syndrome/ Pelvic Pain (Baldoni et al., 1995)	36 Treatment Group: N=13, Control: N=26	12-16	RCT Pre-post + follow up at 6 months and 4 years	Active treatment control group	ISTDP > Medical TAU
Women with migraine (Ameri & Khodabakhsh, 2024)	2	14 x 60-90 minutes	Multi base line single-subject Pre-post + 1 month follow up	-	Post ISTDP > Pre on improved depression and sleep disorders
Women with somatic psychosis (Yousefi et al., 2024)	30 ISTDP: 15 Control: 15	15	RCT Semi-experimental Pre-post + 2 month follow up	No treatment	ISTDP > Control on improved self-compassion and personality organization

Section 11: Substance Use Disorders

There are 4 randomized controlled trials of ISTDP for substance use disorders.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**

Inpatient Drug Rehabilitation Program (Frederickson et al., 2018)	62 Treatment group: N=42, Control group: N=20	6 individual sessions + groups over a 30 day period	RCT 6 month follow up	TAU Control group	ISTDP > control Dropout: 23.8% vs 40%, Sobriety at 6 months: 48.8% vs 17.6%
Substance Dependence (Ahmadi et al., 2021)	30 Treatment group: N=15, Control: N=15	15 x 90 minutes	RCT Pre-post	Active treatment control group	ISTDP > control
Substance Dependence (Kafee et al., 2021)	58 ISTDP + 12 step: N=38, Control: N=20	7	RCT Pre-post	No treatment control	ISTDP + 12 step > Control
Substance Dependence (Kashfi et al., 2023)	39		RCT		ISTDP > control in relapse prevention

Section 12: Treatment Refractory – Non-somatic

Intensive Short-term Dynamic Psychotherapy has now been studied for a broad range of complex and refractory treatment populations. Below are published 36 studies including 14 randomized controlled trials and 16 case series. These are outcome and cost-based studies, but there are also other types of published research studies of these patient groups.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Personality Disorder (Winston et al., 1994)	81 Brief-Adaptive: N=30, STDP: N=25, Waitlist: N=26	40 (average)	RCT Pre-post + 1.5 year follow up	Brief Adaptive Psychotherapy + Waitlist control	STDP > Ctrl

Personality Disorder (Hellerstein et al., 1998)	49 STDP: N=25, BSP: N=24	40	RCT Pre-post + 6 month follow up	Brief Supportive Psychotherapy (BSP) control	ISTDP =/> BSP
Personality Disorder (Callahan, 2000)	6		Case Series	-	Post > Pre Resistance seen as avoidance of eye contact decreased from early to late therapy; decrease in resistance marginally correlated with therapeutic improvement.
Bipolar Disorder (Abbass, 2002)	4	5	Case Series Pre-post	-	Post > Pre
Refractory/ Severe Personality Disorders, (Cornelissen & Roel, 2002)	93	Up to 6 months	Case Series 2 years post vs 1 year pre.	-	Post > Pre Healthcare and disability reductions: Hospital, physician and health professionals cost – utilization rates only.
Refractory/ Severe Personality Disorders, (Cornelissen & Roel, 2002)	155	Up to 6 months	Case Series 10 years post vs 1 year pre	-	Post > Pre Increased employment 39% to 88% Reduced hospital, physician, health professionals cost – utilization rates only
Personality Disorder (Svartberg et al., 2004)	50 STDP: N=25, CBT: N=25	40	RCT Pre-post + 2 year follow up	CBT control group	STDP =/> CBT
Treatment Resistant Depression (Abbass, 2006)	10	13.6	Case Series 6 months post vs 6 months pre	-	Post > Pre Reduced hospital, medication and disability costs – $5,688 per case
Personality Disorder (Abbass et al., 2008)	27 Treatment group: N=14, Control: N=13	27.7	RCT 2 years post vs 1 year pre	Waitlist control group	ISTDP > Minimal Contact Cost effective (medication and disability costs) – $10,148 per case
Refractory Mixed Diagnoses Tier 3 or 4 NHS, UK (Hajkowski, 2012)	23		Case Series		Post > Pre
Nova Scotia (Canada) Dept Community Service Cases	63		Case Series		Net Government savings of $740,000 by 5 years later

Chronically on Social Assistance (Internal Report, 2012)					
Psychiatric Inpatients (Abbass et al., 2013)	33	9	Case Series 1 year post vs 1 year pre	Other psychiatric ward – Non-randomized	Post > Pre ECT reduction Cost Effective
Refractory/ Severe Personality Disorders (Cornelissen, 2014)	155	Up to 6 months	Case Series 10 years post vs 1 year pre	-	Post > Pre Increased employment – 39% to 88%.
Mixed Treatment Refractory Nova Scotia Psychiatric sample (Johansson et al., 2014)	412	10.2 (average)	Case series Pre vs 4 years post	-	Cost effective vs control Reduced physician and hospital costs – $80,400 per case
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2014)	250 – projected	8 weeks intensive residential programme – 8 x 90 minutes or 16 x 45 minutes individual sessions	Pre vs post + follow up at 6 and 12 months	Waitlist control: TAU	ISTDP > Control Cost Effective: Reduced healthcare use, medications and disability
Psychotic Disorders (Abbass, Bernier et al., 2015)	38	13	Pre vs 4 years post	-	Physician and hospital costs – $80,400/case
Mixed Sample (Abbass, Kisely et al., 2015)	1082 Treatment Group: N= 890, Control: N = 192	7.3	Quasi-experimental design 3 years post vs 1 year pre	Non-randomized control – patients referred but not seen	Symptom reduction + Physician and hospital costs – $12,700/case
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2015)	90 ISTDP treatment: N=60, Control: N=30	8 weeks intensive residential programme – 8 x 90 minute sessions	Pre-post + through treatment + follow up at 6 and 14 months	Waitlist control: TAU	ISTDP > Control Cost Effective: Reduced healthcare use, medications and disability
Mixed Treatment Resistant Samples (Solbakken & Abbass, 2016)	95	8 weeks intensive residential programme – 8 x 90 minutes or 16 x 45 minutes individual sessions	Pre-post + at weeks 3 and 5 of treatment + follow up at 6 and 14 months	Waitlist control: TAU	ISTDP > Wait Cost Effective: Reduced healthcare use, medications and disability
Trial therapy – role of	500	1	Baseline vs 1 month post	-	Significant outcome effects were observed

unlocking the uncs, mixed sample. Tertiary centre (Abbass et al., 2017)					for both the BSI and the IIP with small to moderate preeffect/posteffect sizes, Cohen's d = 0.52 and 0.23, respectively. Treatment effects (self-reported symptoms and interpersonal problems) were greater in patients (psychoneurotic and fragile) who had a major unlocking of the unconscious compared with those who did not.
Treatment Resistant Depression (Town et al., 2017)	60 ISTDP: N= 30, TAU: N=30	20	RCT Pre vs 6 month post	Mental Health Team TAU (mostly CBT + medication)	ISTDP > CMHT on depression, reduced medication + cost effective
Refractory Psychotic Disorders (Abbass et al., 2018)	38	1	Case Series 3 years post vs 1 year pre	-	Post > Pre Cost Effective (physician and hospital costs): $10,840/case
Inpatient Drug Rehabilitation Program (Frederickson et al., 2018)	62 Treatment group: N=42, Control group: N=20	6 individual sessions + groups over a 30 day period	RCT 6 month follow up	TAU Control group	ISTDP > control Dropout: 23.8% vs 40%, Sobriety at 6 months: 48.8% vs 17.6%
Refractory Bipolar Disorder (Abbass et al., 2019)	29	4.6	Case Series 1 year pre and 4 years post	-	Post > Pre Reduction in all healthcare costs – $81,632 per case
Refractory Generalized Anxiety Disorder (Lilliengren et al., 2020)	215	8.3	Case Series Pre vs 4 years post	-	Post > Pre Cost Effective
Complex Populations, UK (Malda-Castillo et al., 2020)	8		Case Series	-	Enduring symptom reduction
Refractory Eating Disorders NS (Nowowieski et al., 2020)	27	9.8	Case Series 3 years post vs 1 year pre	-	Post > Pre Reduction in all healthcare costs – $15,024 per case
Treatment Resistant Depression (Town et al., 2020)	60 Treatment group: N=30, Control: N= 30	20	RCT Pre vs 18 months post	Mental Health Team TAU (mostly CBT + medication)	ISTDP > CMHT on depression, reduced medication + cost effective
Chronic musculoskeletal pain (Yarns et al., 2020)	53 EAET: N=28, CBT: N=25	1 x 90 minutes individual + 8 x 90 minutes group	RCT Pre-post + 3 month follow up	EAET vs CBT	EAET > CBT Significantly lower pain severity

Substance Dependence (Ahmadi et al., 2021)	30 Treatment group: N=15, Control: N=15	15 x 90 minutes	RCT Pre-post	Active treatment control group	ISTDP > control
Treatment Resistant Depression (Heshmati et al., 2021)	3		Case series		Post > Pre on emotional suppression and negative affect
Substance Dependence (Kafee et al., 2021)	58 ISTDP + 12 step: N=38, Control: N=20	7	RCT Pre-post	No treatment control	ISTDP + 12 step > Control
Histrionic Personality Disorder (Salehian, 2022)	16		RCT Pre-post	No treatment	ISTDP > control on multiple variables (aggression, social adjustment)
Antisocial Personality Disorder (Salehian & Moradi, 2022a, 2022b)			RCT Pre-post	No treatment	ISTDP > control on multiple variables
Treatment Resistant Depression (Heshmati et al, 2023)	86 ISTDP: N=43, Control: N=43	43	RCT Pre-post	Waitlist control	ISTDP > Waitlist on depression, repression and negative affect
Substance Dependence (Kashfi et al, 2023)	39		RCT		ISTDP > control in relapse prevention
Histrionic Personality Disorder (Salehian & Moradi, 2023)			RCT Pre-post	No treatment	ISTDP > control on multiple variables
Chronically disabled or missing work days: H Hospital employees NS (SBAR Report, internal hospital document)	18		Case Series		Net CDHA savings of $250,000 18 months later

Section 13: Trial Therapy

5 outcome studies of the Trial Therapy point to benefits of the initial interview. The first study was all expert conducted trial therapies and the second was compared to standard intake interviews an expert had also done. The third was an EDT trial therapy and can be considered an independent replication on the first study. The 4th is a large sample study with many different therapists overcoming the issue of one expert doing the interview: It found outcomes in the trial related to status of unlocking the unconscious, a very interesting finding. Finally, a large subset of these cases was analyzed separately and found to show large measurable reductions in health care costs in long follow-up.

Study/Sample	***n***	**# Session**	**Study design**	**Control**	**Main Outcomes/Effect**
Trial therapy – tertiary setting: Mixed sample (Abbass et al., 2008)	30	1	Naturalistic – Pre vs 1 month post	-	Trial therapy reported to be clinically effective and cost-effective in a tertiary setting; 43% had recovery from case criteria as shown through BSI scores; one-third required no further treatment, seven stopped medications and two returned to work following trial therapy; most commonly used therapist interventions were “pressure” (59%), “linkage” between past-present feelings,

					anxiety, and defenses (19%), "clarification and challenge" (14%).
ISTDP Trial therapy vs standard intake interviews (Abbass et al., 2009)	500	1	Non-randomized clinical trial – Baseline vs 1 month post	-	Trial therapies were clearly distinguishable from standard intake assessments. The trial therapy resulted in statistically significant improvements on all BSI subscales. In the follow-up interview, one third (10) of individuals in the trial therapy group required no further treatment, 7 were able to stop 11 psychotropic medications, and 2 were able to return to work.
Extended Trial Therapy (Aafjes-van Doorn et al., 2014)	31	1	Non-randomized trial – Pre-post	-	After the trial therapy session, patients reported a significant increase in remoralization and self-compassion and a significant decrease in symptoms of general distress but not interpersonal problems. Process ratings were not significantly associated with improvement on these outcome measures.
Trial therapy – role of unlocking the unconscious: Mixed sample. Tertiary centre (Abbass et al., 2017)	500	1	Baseline vs 1 month post	-	Significant outcome effects were observed for both the BSI and the IIP with small to moderate preeffect/posteffect sizes, Cohen's d = 0.52 and 0.23, respectively. Treatment effects (self-reported symptoms and interpersonal problems) were greater in patients (psychoneurotic and fragile) who had a major unlocking of the unconscious compared with those who did not.
Trial therapy: Mixed conditions (Abbass et al., 2018)	344	1	Case Series 3 years post vs 1 year pre	-	Post > Pre Cost Effective (physician and hospital costs): $10,840/case

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