

‘Breakthrough Intimacy’ – Treating Personality Lifetrack Therapy¹

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Psychiatry has long sought accurate and ‘objective’ diagnoses of ‘various psychiatric distress’ which are considered to be distinct ‘dysfunctions or diseases of the brain’. This unending quest for precise and objective definitions of ‘diseases’ has resulted in rapid multiplication of diagnostic categories from original 68 to more than 300 through regular revisions of DSM (Diagnostic and Statistical Manual), while disagreements and controversies over its validity and clinical usefulness persists.

While continued dissatisfaction with DSM among clinicians and researchers drives further revisions, the inevitable question arises as to fundamental limitation of traditional diagnostic concepts, which has essentially remained an attempt at classifications of symptoms rather than causes.

Another fundamental limitation of traditional concept is obsession to achieve an ‘objective’ definition of each psychiatric distress, while psychological distress (as well-being) is fundamentally ‘subjective’ experience, which defies any attempt at ‘objective’ or ‘scientific’ description. It can only be ‘experienced’ by each patient.

The unending search for effective and specific therapies for rapidly growing numbers of ‘diseases’ and ‘disorders’ has coincided with proliferation of therapeutic approaches and techniques over the years. In addition to prevailing chemotherapy with multitudinous drugs, there are 250–450 schools of psychotherapy practiced in the United States, designed to treat wide-ranging ‘diseases’ and ‘disorders’.

Most known therapies however, remain focused on relieving target symptoms, or ‘disorders’ listed in Axis-I of the DSM, without adequate attention to underlying personality disorders, which are traditionally separated from Axis-I and are placed in Axis-II.

Prevailing consensus among the experts on personality disorders, gathered in The Hague (Xth International ISSPD Congress, September 2007), was that traditional therapies have advanced to the point of reducing symptoms (such as anxiety and depression listed in Axis-I) by 50%, while failing to change underlying personality, such as borderline personality.

Lifetrack Therapy attempts to overcome traditional constraints, by adopting a broader concept of causes of psychiatric distress and well-being, offering a model of psychological ad-

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justment that can be measured 'subjectively' by the ultimate observer – the patient – on a daily basis.

In Lifetrack Therapy, psychiatric symptoms such as anxiety and depression are not considered 'diseases' and the 'causes of distress', but 'mere signals or symptoms' that one's 'past experience and current capability to cope – determined by one's existing personality – is being exceeded.' Thus, distress and well-being are considered to be 'natural and inevitable consequences' of interaction between the existing personality of the individual and life challenges.

Accordingly, Lifetrack Therapy attempts to transform the patient's personality in such ways that consequence of the above-mentioned interaction would become 'well-being' rather than 'distress,' eliminating the real cause, making symptoms (such as anxiety, anger, physical-symptoms, depression, and symptoms of borderline personality disorder) unnecessary by dramatically improving the patient's capacity to cope with life challenges.

Lifetrack Therapy is distinct from traditional therapies in the following four ways:

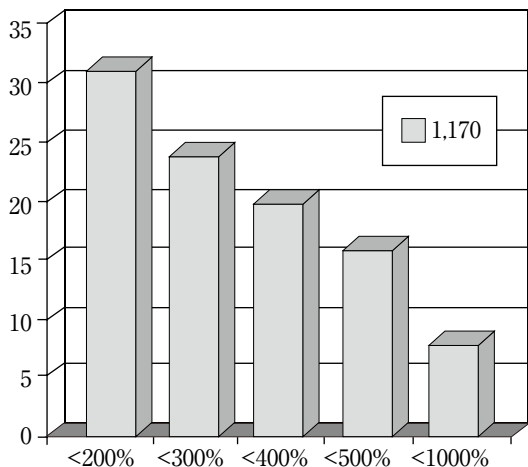
1. **Concept:** The patient's existing personality (the way he/she thinks, feels, and acts) is the cause of psychiatric distress.
2. **Goal:** Transformation of existing personality to improve his/her capacity to cope.
3. **Method:** A Lifetrack therapist works in a three-way team including the patient, his/her partner in life, and the therapist. A therapist actively helps the couple to think, feel, and act in such ways that their closeness increases far

beyond their previous maximum level ('Break-through Intimacy'). Therapy is guided by daily subjective self-rating by the patient and his/her partner on 41 parameters, that allows accurate graphic tracking of subtle changes in personalities as well as dynamic mental status.

4. Results: When successful, the couples reach a level of adjustment far beyond their previous maximum, dramatically improving their capacity to cope with challenges in life, making their distressful symptoms disappear as they become unnecessary.

Of the last 1,170 patients treated over the last 20 years, about half (48%) of the patients with various diagnoses reached a level of adjustment beyond their previous maximum level. Of those, 31 % reached a level more than twice, 24% reached more than three times, 20% reached more than four times, 16 % reached more than five times, and 7.6 % reached more than ten times, their previous maximum level of adjustment, according to their own daily subjective self-rating. (Figure 1.)

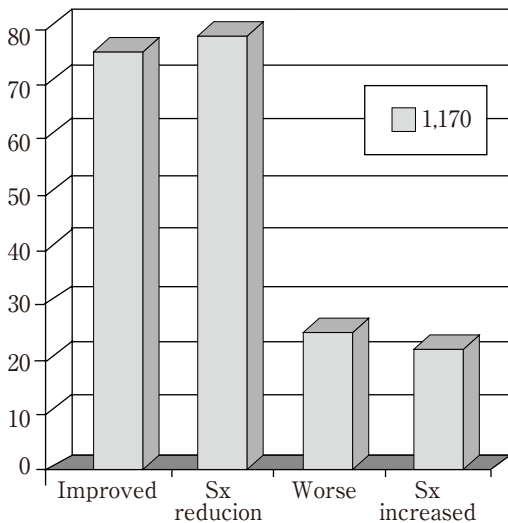
Figure 1. Results of Lifetrack Therapy
(Of 48% of 1,170 who had exceeded previous best)



Of those who failed to reach their previous maximum level of adjustment (51% of total), 75% showed a significant improvement in their overall adjustment, and 77% showed a significant reduction in their symptoms at the time of their typically premature termination.

However, 24% showed a noteworthy reduction of overall adjustment, and 22% showed a considerable aggravation of their initial symptoms at the time of termination. (Figure 2.)

Figure 2. Results of Lifetrack Program
(Of 51% of 1,170 who failed to reach previous best)



Lifetrack Therapy has worked well with patients with severe, acute, chronic anxiety, explosive anger, wide ranging psychologically induced physical symptoms, depression, and symptoms of borderline personality disorder, which constitute a majority of the author's patients in his private practice.

Drugs such as antianxiety agents and antidepressants were usually not necessary, while antipsychotic agents were used to control psychotic symptoms when required. The patient couples' daily subjective self-rating graphs on 41 parameters showed little or no evidence

of benefits of antianxiety and antidepressant agents. Patients' daily tracking graphs showed no correlation between symptom spikes and dosage of those medications. Anxious and depressed patients regularly improve without drugs, and anxiety and depression regularly spike when 'necessary' in response to what is going on in their lives and in on-going therapy, even on adequate and steady dose of medications.

Lifetrack Therapy approach allows the therapist to explain the patients' problems, past history of problems, and their current 'crises' under a positive perspective, as rare opportunities for them to break out of their existing personalities, which is the real cause of their current crisis. The patients are told that their personalities are inevitable results of their best possible adjustment under earlier unfavorable circumstances and are entirely 'normal' for them, liberating them from the stigma of mental illness.

Each and every patient and his/her partner who is treated with Lifetrack Therapy leaves comprehensive and accurate record (evidence) of their daily progress (or lack thereof), providing wealth of information for analysis, leaving no place to hide for the patient, his/her partner, therapist, or therapy.

Although traditional randomized comparisons using 'control group' of patients treated with other therapies have not been performed, Lifetrack Therapy effectively turns each patient (and his/her partner) into clinical study with evidence of therapeutic result measured daily by the ultimate judge – the patient – according to a quantifiable model of psychological adjustment.

While 'group' comparisons of 'average' patients have been the traditional research 'standard to judge' the 'evidence of therapeutic re-

sults,' the author contends that consistent daily self-assessments by each patients treated offers superior 'evidence' of results of therapy for each actual patient, each actual therapist, and each therapy as it is actually performed, going beyond 'abstract' comparisons of group 'average.'

Three-Way Teamwork (Couple Therapy Format)

A Lifetrack therapist works with the patient and his/her life partner in a three-way teamwork (whenever possible) to achieve personality transformation through 'Breakthrough Intimacy' – closeness far greater than their previous maximum experience according to the couples' own daily self-ratings. This three-way approach spares the therapist from transference (counter-transference) issues, dramatically improving effectiveness of the therapist particularly in treating challenging personalities such as borderline personality, that constitutes majority of the author's private practice patients.

Specifically, the couples perform daily subjective self-rating on 41 parameters according to the Lifetrack Total Adjustment Sheet, based on a quantifiable model of personality and psychological adjustment. The daily self-rating scores are entered into the Lifetrack program by the couple via Internet prior to each therapy session, providing a wealth of accurate and comprehensive data of their dynamic daily conditions and subtle changes in their personalities, that can be graphically displayed on computer screen in a sequence of 26 graphs to be analyzed and interpreted by the therapist during each therapy session.

Lifetrack Therapy can be conducted face-to-face or at a distance (often after a few initial in-person sessions) with same effectiveness. The patient, his/her partner, or the therapist may be in three distant places, as long as each has

Internet access, as the sessions are routinely conducted over the online meeting program ('gotomeeting.com') while sharing the desktop of the therapist displaying self-rating graphs of the couple, tracking their daily progress. Thus, Lifetrack Therapy offers therapists and the patient couples flexibility with global reach and mobility.

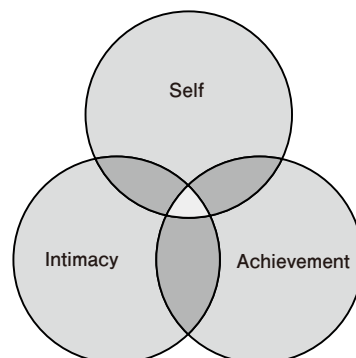
Graphic tracking of daily progress of the patients is indispensable to produce improvements often reaching the level 3 to 10 times greater than their previous maximum experience, far beyond mere symptom elimination, usually surprising the couple and also those who know them as patient testimonials indicate. This is because such improvement inevitably provokes often-escalating symptom spikes (defense) and setbacks, making it impossible to maintain such effort, unless being constantly reassured by the patients' daily self-rating graphs, which shows clearly that progress provokes setbacks, and setbacks lead to breakthroughs.

Lifetrack Conceptual Models:

1. Tripod of Personality:

Personality can be defined as the way one thinks, feels, and acts in the three principal spheres of life – Self, Intimacy, and Achievement. (Figure 3)

Figure 3. *The Three Spheres!*

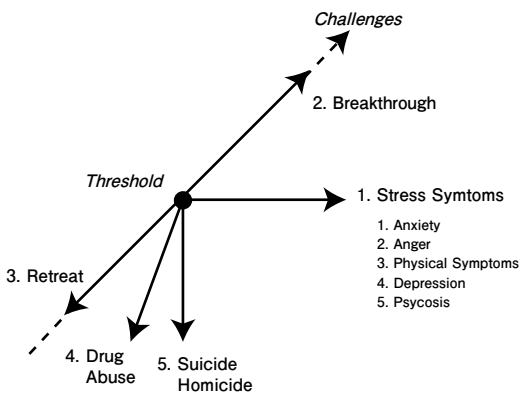


2. Five Alternatives at the Threshold:

When a personality is faced with a challenge that exceeds one's past experience and current capability to cope, the first of five alternatives (1. Stress Symptoms) results.

The goal of therapy should be (2. Breakthrough) by raising the 'Threshold' of tolerance of Challenges' which can only be achieved through 'transformation' of existing personality – the way the individual thinks, feels, and acts in the three interconnected spheres of life (Self, Intimacy, and Achievement.) (Figure 4.)

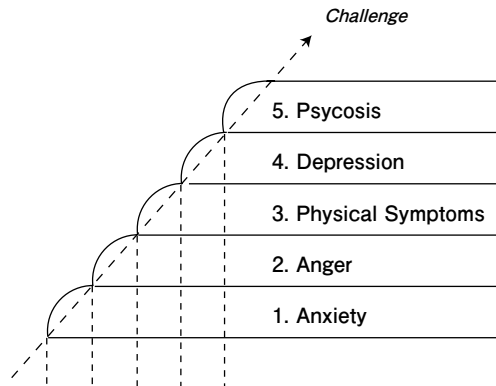
Figure 4. *Five Alternatives at the Threshold of Tolerance*



3. Hierarchy of Defense (Stress Symptoms):

Psychiatric distress (defense) can be understood as escalating warning signals that the existing personality sends out when challenged beyond its threshold of tolerance. Five stress symptoms (defense or warning signals) escalate and deescalate according to the degree of challenge faced. These five symptoms overlap as new layer of defense is mobilized and added on earlier ones, as challenge escalates. For example, a depressed patient also shows anxiety, anger, and physical symptoms. (Figure 5.)

Figure 5. *Hierarchy of Defense (Stress Symptoms)*

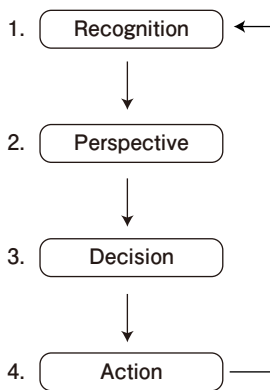


4. Four Key Steps (Universal Steps of Problem Solving):

Success or failure of adjustment depends on how well the individual takes the four key steps of problem solving. The first step, accurate 'recognition' of realities must be followed by proper 'perspective' on the current challenges, choices, and consequences. Proper 'perspective' is in turn required to make right 'decision' that can be followed by effective 'action.' Each action has its consequences, which must be 'recognized' to make sure that current 'perspective' still holds, and that current 'decision' is still correct, and 'action' still effective.

Therapist's job is to help the patients to improve his/her ability to take these 4-key steps in unending cycles in coping with challenges in self, intimacy, and achievement spheres of their lives. (Figure 6.)

Figure 6. *The Four Key Steps*



5. Lifetrack Total Adjustment Sheet:

Lifetrack Total Adjustment Sheet tracks 41 parameters² allowing the patient, his/her partner, and the therapist to accurately recognize thoughts, feelings and actions, of the couple on a daily basis, providing a critical ‘accounting’ of their minds through a 10 point rating scale (0 as minimum and 10 as previous maximum). The explicit goal of Lifetrack Therapy is to help the couple far exceed their original previous maximum of 10. (Figure 7)

At the end of the first session, following initial history taking and formulation of the patient couples’ problems according to Lifetrack conceptual models, The Lifetrack Total Adjustment Sheet is introduced as the means of taking the first of the ‘4-Key Steps’ of successful adjustment. The couple is asked to assess their peak experience during the day passed on 41 parameters.

For example, the couple is asked to score the peak of anxiety during the day for whatever reason, using a ten-point scale (0 as minimum and 10 as maximum). The five negative peaks (anxiety, anger, physical-symptoms, depression, and psychosis) and five positive peaks (peace, friendliness, physical-wellbeing, happiness, and mastery) tracks dynamic mental state.

The self, intimacy, and achievement spheres are each divided into three dimensions and nine elements, tracking subtle daily changes in one’s existing personality, which is defined as the way one thinks, feels, and acts in these three spheres. Physical condition is tracked by two positive and two negative elements, covering state of health and intake of food and beverages.

Last 30–45 minutes of the first 2-hour session is spent to take the couple through the first self-rating exercise. Then they are instructed to perform daily self-rating before retiring spending 5–10 minutes reflecting on the day passed, putting down a column of 41 numbers on the Lifetrack Total Adjustment Sheet, and return for the next session with one week’s worth of data filled in. At the beginning of the second session, the data is entered into Lifetrack patient tracking program for the first time to graphically examine their progress since the first session. From the third session on, the patient couples enter their data via Internet prior to each subsequent session.

Figure 7. Lifetrack Total Adjustment Sheet

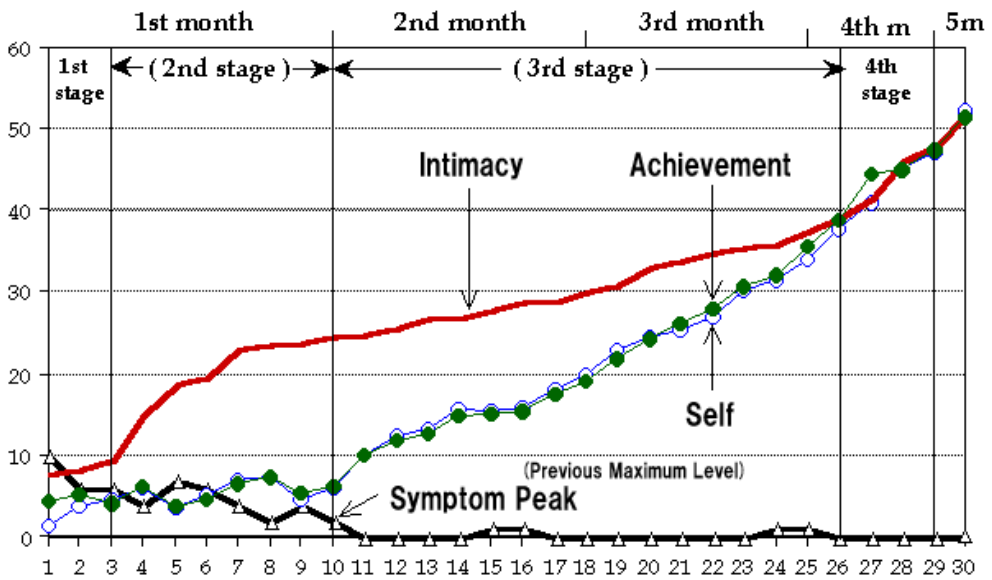
NAME		"Lifetrack" Total Adjustment Sheet										200		
MO/DAY/WD														
NUMBER:														
LANDMARKS														
PSYCHOLOGICAL STATUS (-) PEAK														
- 1. ANXIETY														
- 2. ANGER														
- 3. PHYSICAL SYMP														
- 4. DEPRESSION														
- 5. PSYCHOSIS														
(+) PEAK														
+ 1. PEACE														
+ 2. FRIENDLINESS														
+ 3. PHY. WELLBEING														
+ 4. HAPPINESS														
+ 5. MASTERY														
I. (SELF)														
A. IN TOUCH														
1. POSITIVES														
2. NEGATIVES														
3. PERSPECTIVE														
B. AT PEACE														
1. POSITIVES														
2. NEGATIVES														
3. SELF ACCEPTANCE														
C. IN CONTROL														
1. DECISION														
2. ACTION														
3. FLEXIBILITY														
II. (INTIMACY)														
A. INTELL.-SOCIAL														
1. ACCEPT														
2. DEPEND														
3. LET DEPEND														
B. EMOTIONAL														
1. CONCERN														
2. AFFECTION														
3. LOVE														
C. PHYSICAL-SEXUAL														
1. TOGETHERNESS														
2. SENSUALNESS														
3. SEXUAL EXCITEMENT														
III. (ACHIEVEMENT)														
A. TASK ADJUSTMENT														
1. OBJECTIVES														
2. MOTIVATION														
3. EFFECTIVENESS														
B. SELF DIMENSION														
1. REALITY GRASP														
2. SATISFACTION & FUN														
3. SELF CONTROL														
C. INTERPERSONAL														
1. PERS. CLOSENESS														
2. PROF. CLOSENESS														
3. PROPER BOUNDS														
PHYS. COND. (-) PEAK														
- 1. ILLNESS/INJURY														
- 2. ABUSE (e.g. FOOD)														
PHYS. COND. (+) HEALTH														
+ 1. PHYS. HEALTH														
+ 2. PROPER USE														

6. Breakthrough Intimacy:

'Breakthrough Intimacy' is closeness between a committed couple beyond their previous maximum experience according to their daily subjective self-ratings. As intimacy advances through therapy, provoking and overcoming waves of defense (stress symptoms) until it's ex-

haustion, self and achievement spheres also begin to advance beyond their previous maximum levels (10), eventually catching up with already high and still advancing intimacy, converging at a much higher level than their previous maximum of 10 (4th stage of personality transformation). (Figure 8)

Figure 8. *Four Stages of Personality Transformation*



7. Personality Transformation in Four Stages:

As shown in Figure 6 above, transformation of personality is typically accomplished through four distinct stages;

1st Stage: Typical initial stage with patients in acute distress, with intimacy sphere relatively preserved, while self and achievement spheres are depressed.

2nd Stage: Intimacy sphere advances beyond its previous maximum level of 10, provoking waves of defense (symptom spikes) which is absorbed by self and achievement spheres allowing intimacy sphere alone to advance.

3rd Stage: As intimacy sphere continues to advance beyond its previous maximum level, provoking and overcoming waves of defense, causing it to weaken by exhaustion, self and achievement spheres also begins to rise above their previous maximum of 10, catching up with already high and still advancing intimacy sphere.

4th Stage: Self and achievement spheres converges with advancing intimacy sphere at a level several times higher than previous maximum of 10, completing transformation of personality.

8. Stages Reached through Lifetrack Therapy:

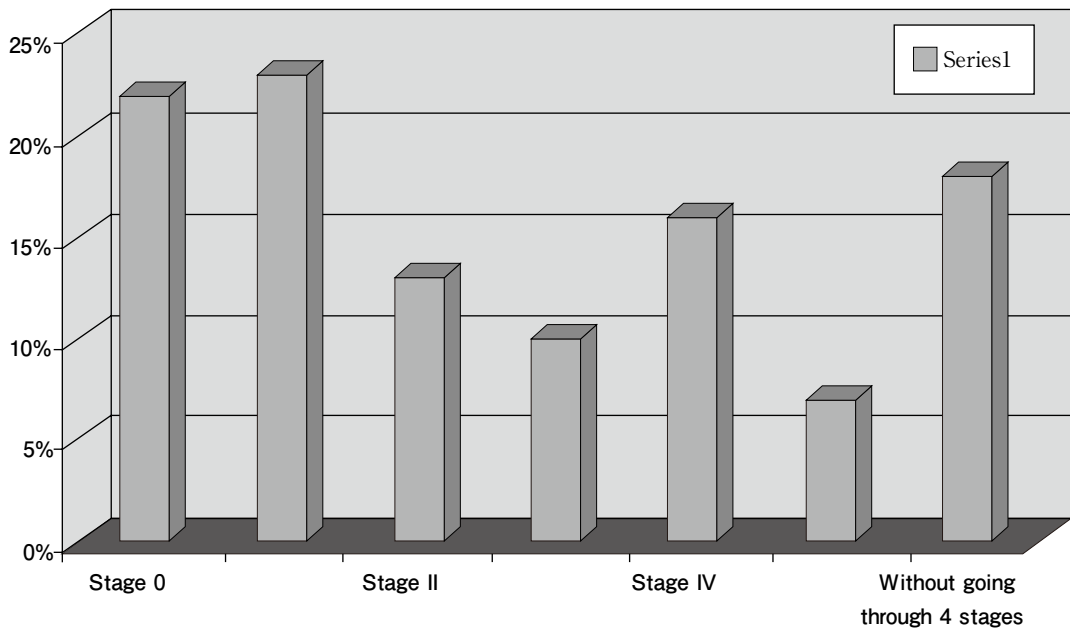
Of the last 1,170 patients treated over the last 20 years, 16% reached 4th Stage, 10% reached 3rd Stage, and 13% reached 2nd stage at the time of termination. 7% improved led by self and achievement spheres, and 18% advanced without the typical four-stage transformation described above. 23% remained at 1st Stage and 22% remained in Stage-0 (Intimacy sphere remaining below self and achievement spheres) at the time of termination.

75% of those who remained in stages 0 and 1 were those who came to therapy without partner and remained alone. Thus, if those without

partners were excluded from the calculation of the results, the results would be nearly 100% better. (Figure 9.)

When a patient comes without a partner, he/she is encouraged to find and bring an appropriate partner to form three-way team, since 'rapid' transformation of patient's existing personality is beyond reach of traditional one-on-one therapy with the patient. When a partner cannot be found despite encouragement through therapy, traditional symptomatic relief seems to be the best possible outcome. (Figure 2)

Figure 9. Stages reached at termination – 1,170 cases over 20 years



9. The Lessons from Lifetrack Therapy:

1. Advancing intimacy provokes waves of defense (symptom spikes such as anxiety, anger, physical-symptoms, depression, and psychosis), often making presenting symptoms worse during the initial phase of therapy. Typically, self and achievement spheres

stagnate or even temporarily decline as they absorb brunt of defense, allowing intimacy alone to hold its gains and to advance.

2. Spikes of symptoms cause repeated setbacks in self, intimacy, and achievement spheres. However, setbacks offer opportunities for

breakthroughs.

3. Defense is exhausted and weakened immediately following setbacks, often allowing recovering intimacy to reach beyond the levels at which defense had been triggered. Thus, a quick recovery of intimacy (through reassurance and encouragement by the Lifetrack therapist guided by the couples' daily self-rating graphs) causes intimacy to advance beyond the pre-setback level, while self and achievement spheres may remain stagnant or even decline temporarily.
4. If intimacy continues to advance far beyond its previous maximum level, overcoming waves of symptom spikes and setbacks, defenses become weakened by exhaustion and eventually disappear.
5. Self and achievement spheres recover and advance, once defense is sufficiently exhausted by advancing intimacy, as they no longer have to absorb brunt of defense, provoked by advancing intimacy.
6. Self and achievement spheres eventually converge with intimacy at a level 3 to 5 times higher than previous maximum levels, completing transformation of personality, reintegrating the three spheres of personality at a higher level.

The Power of Daily Self-Rating:

Once defense becomes visible through daily self-rating and graphic tracking via Internet, showing a clear correlation between the waves of defense and advancing intimacy (and self and achievement) spheres, it is reassuring and empowering for the patients and the therapist

to continue to advance in intimacy, provoking waves of defense until it becomes exhausted and eventually disappears.

Therapist can reassure the patient and his/her partner by their own daily self-rating graphs that very advance in their closeness is provoking often escalating waves of defense (symptom spikes), and that the defense against closeness with each other can be exhausted because it is unnecessary to begin with and its power is finite, while their closeness has no upper limit.

Therapist can repeatedly demonstrate that very improvement in self, intimacy, and achievement spheres triggers symptom spikes (defense), and thus it is inevitable and necessary for the patients and his/her partner to keep provoking defense by further improvement, until defense becomes exhausted and disappear.

New Perspectives based on Lifetrack Therapy:

1. Psychiatric distress is better understood as natural and inevitable consequence of interactions between personality and life's experiences – its challenges and opportunities.
2. Symptoms – such as anxiety, anger, physical-symptoms, depression, and symptoms of borderline personality disorder can be 'cured' through personality transformation.
3. 'Breakthrough Intimacy' transforms personality, typically through four distinct stages.

Condition for Success of the therapy:

1. The patient is in sufficient distress (and is motivated to change).
2. A proper partner is available for therapy.
3. Three-way teamwork can be maintained.

Indications of Lifetrack Therapy:

1. Anxiety disorder.
2. Explosive anger problem.
3. Psychologically induced physical symptoms.
4. Depression (Acute, chronic, treatment resistant).
5. Borderline Personality Disorder.

Limitations of the therapy:

Lifetrack Therapy is not indicated in the following cases;

1. A patient without a proper partner.
2. Patients with Schizophrenia or Mania.
3. Antisocial or dangerously violent patients.
4. Substance dependent patients.
5. Patients who prefer other approaches.

Books on Lifetrack:³

1. Breakthrough Intimacy: Sad to Happy through Closeness (2004)

Lifetrack (PDF on CD) 324 p

The book presents the concepts and method of Lifetrack Therapy through examples of 6 couples, who have contributed to the development of Lifetrack Therapy over 30 years.

2. Breakthrough Intimacy: Conquering Depression (2006)

Lifetrack (PDF on CD) 448 p

The book analyzes in vivid detail, simulating actual sessions with his graphs and their interpretations. Mike's first treatment and his recovery from relapse, over the course of 13 years, sheds light on the mechanism of relapse and its prevention.

Notes

- 1 On April, 16, 2013, an open lecture of the Japan Lutheran College Graduate School of Clinical Psychology was given by Yukio Ishizuka M.D., who for many years has practiced as a psychiatrist in N.Y. and established Lifetrack Therapy, an effective way to maintain mental health. The lecture was titled "Drug-free Treatment of Depression".
- 2 Definition of 41 parameters are available at www.lifetrack.com > [Lifetrack Concepts](#) > [Definitions](#)
- 3 Available for download or order at www.lifetrack.com > [What's New and Available from Lifetrack](#)