

# Intensive Short-term Dynamic Psychotherapy: Detecting and treating somatic symptom disorders

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**DALHOUSIE  
UNIVERSITY**

*Inspiring Minds*

# Reference Materials

- *Reaching through Resistance.*  
Detailed manual on ISTDP  
psychodiagnosis and treatment  
with case examples
- [www.reachingthroughresistance.com](http://www.reachingthroughresistance.com) Available on Amazon:  
<http://a.co/3UGMWx0>
- Graded Format article or capacity  
assessment and building:  
<http://bit.ly/2gVT7iB>
- Article on Resistance  
<http://reachingthroughresistance.com/wp-content/uploads/2015/02/PsychodynamicPsychiatry2016.pdf>
- *Hidden from View: A  
clinician's guide to  
Psychophysiological  
Disorders*
- Written with a Mindbody  
expert internist Howard  
Schubiner and written for  
doctors
- How to educate, provide  
first and second line  
treatments and basic ISTDP  
methods.
- Coming out end of 2017-  
early 2018
- [www.unlearnyourpain.com](http://www.unlearnyourpain.com)

# Central Points

- The presence of emotional factors can be directly detected
- There are specific patterns of unconscious anxiety and defense which occur together
- The actual somatic experience of unprocessed rage, guilt and grief can overcome somatization

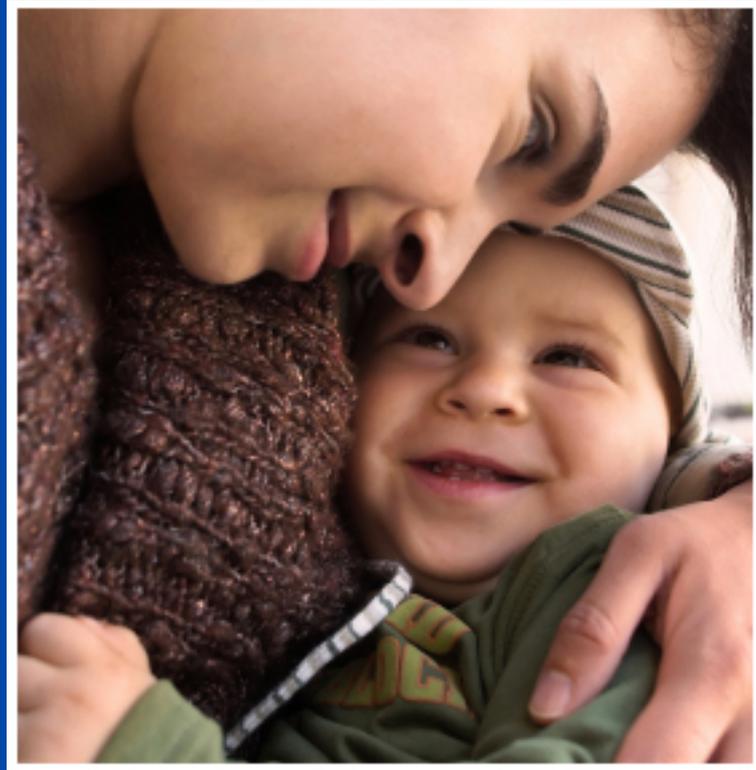
# Metapsychology of the Unconscious

# BOND With Parents





# BOND With Parents





# BOND With Parents



BOND  
With  
Parents



BOND  
With  
Others

# BOND With Parents





BOND  
With  
Parents

Trauma

PAIN  
FEAR



BOND  
With  
Parents

Trauma

PAIN  
FEAR

Rage, Guilt  
about the Rage



BOND  
With  
Parents

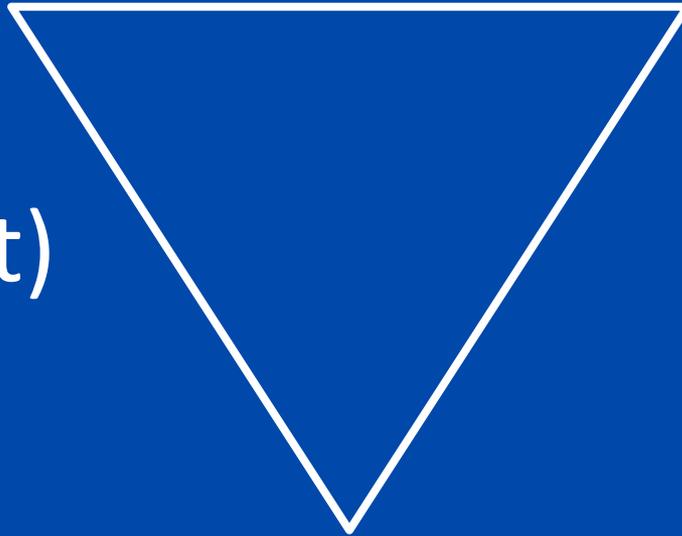
Trauma

PAIN  
FEAR

Rage, Remorse  
about the Rage

Character Disorder  
+ Symptoms

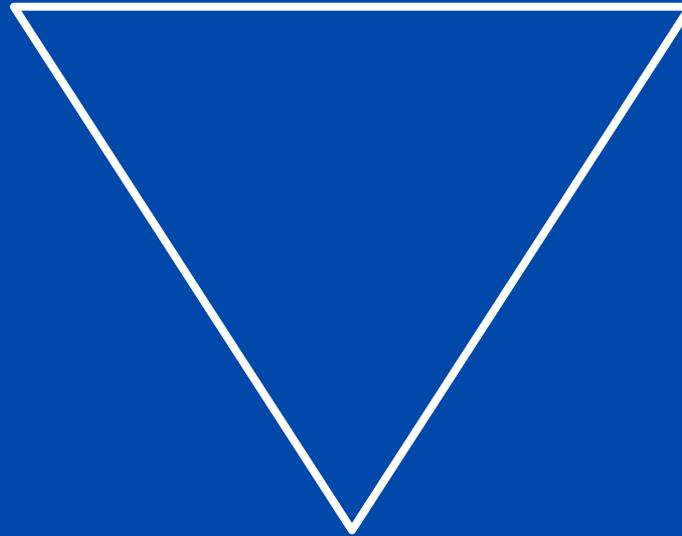
Transference  
(Therapist/  
Doctor/Dentist)



Current  
person

Past  
person

Unconscious  
Defense



Unconscious  
Anxiety

Unconscious  
Impulses & Feelings

# What to do?

- Handle barriers to engagement
- Try to form therapeutic attachment
- Focus on underlying avoided feelings
- This activates all the unresolved complex feelings
- This activates the anxiety and defenses
- Build anxiety tolerance as needed
- Help experience the avoided feelings
- Link everything together

## *2. Monitor Anxiety & Defense responses*

Unconscious  
Defense

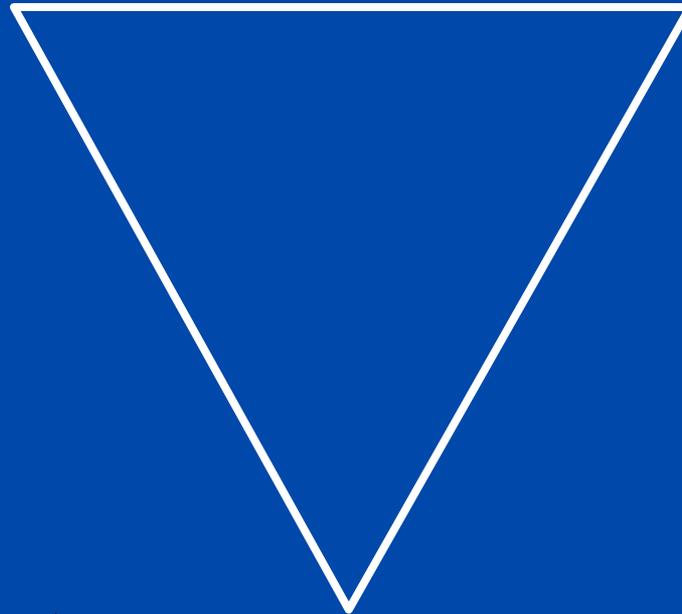
Unconscious  
Anxiety



*1. Pressure on  
Feelings  
or Defenses*



Unconscious  
Impulses & Feelings

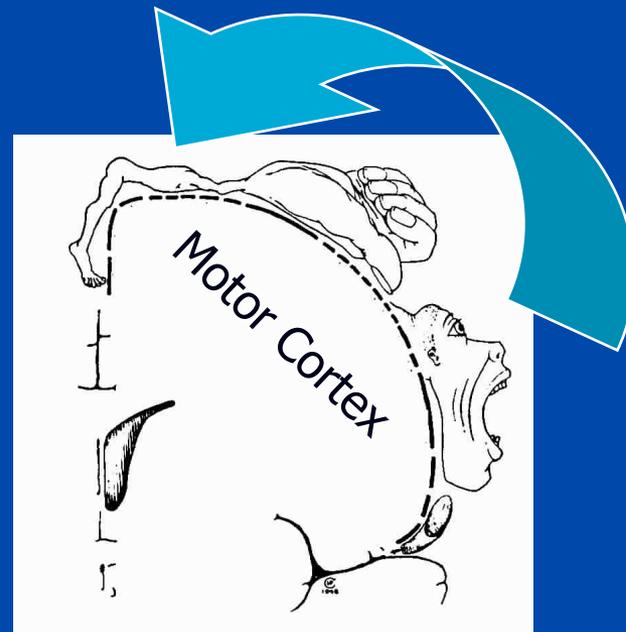


# 3 patterns we will study

- 1. Tense up muscles and intellectualize, use character defenses or detach
- 2. Go Flat with repression to smooth muscle anxiety, conversion or depression
- 3. Go Flat with cognitive perceptual disruption or primitive defenses
- 4. No response

# Striated Muscle Unconscious Anxiety

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



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

- See with Isolation of Affect: intellectualization

# Smooth Muscle Unconscious Anxiety

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

# Cognitive-perceptual Disruption

- Dissociation, losing track of thoughts, poor memory, fainting
  - Visual blurring, blindness
  - Dysfunction of other senses
  - Hallucinations in all 5 senses
- 
- Seen with Primitive defenses including Projection of feelings and impulses

# Motor Conversion: Muscle weakness

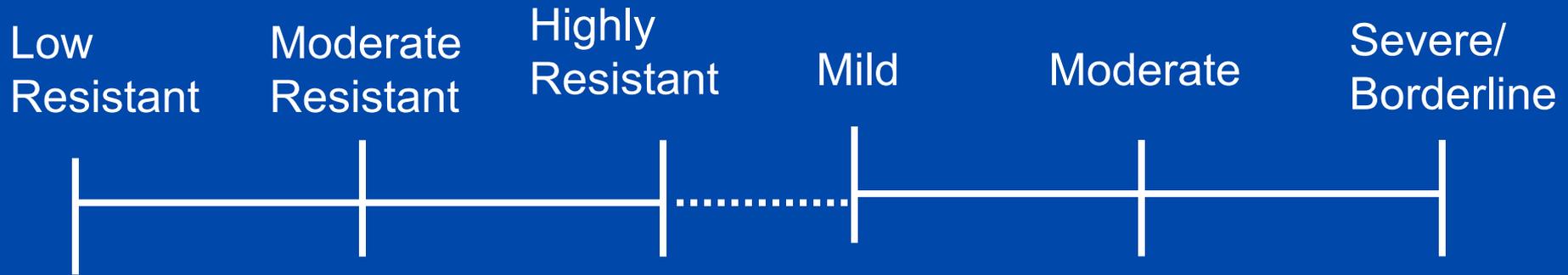
- → Neurology Consultation and Emergency Departments
- Seen with Repression
- No striated anxiety when conversion is active

# Sympathy symptoms

- Guilt about rage causes the same symptoms as a person unconsciously wanted to induce in another.
- Common Examples:
  - Strangling → Choking
  - Head damage → headache
  - Chest damage → chest pain
  - Tearing/ripping sensations → Primitive rage
- Management: pressure to feel guilt about the rage to remove or reduce pain

## Spectrum of Psychoneurotic Disorders

## Spectrum of Patients with Fragile Character Structure



Striated Muscle + Isolation of Affect

Smooth Muscle/Conversion + Repression

Cognitive-Perceptual Disruption +  
Primitive Defenses

## Spectrum of Psychoneurotic Disorders

## Spectrum of Patients with Fragile Character Structure

Low  
Resistant

Moderate  
Resistant

Highly  
Resistant

Mild

Moderate

Severe/  
Borderline



Grief

Violent Rage

Murderous Rage

Primitive Murderous Rage

Primitive Torturous Rage

# Complex Transference Feelings (CTF)

- Mixed feelings in therapy linked to the past bond, trauma, pain, rage and guilt about rage.
- Includes appreciation and irritation toward the therapist because of the challenge to defenses

# Unconscious Therapeutic Alliance (UTA)

- This is the unconscious healing force in the patient
- UTA is mobilized in proportion to the degree of mobilization of the CTF
- Brings mental images and clear linkages to trauma
- “Unconscious Mobilized” means mobilization of the UTA

# Spectrum of UTA

R << UTA

Images Transfer  
Guilt and Rage

R < UTA

Grief and  
Clear Links

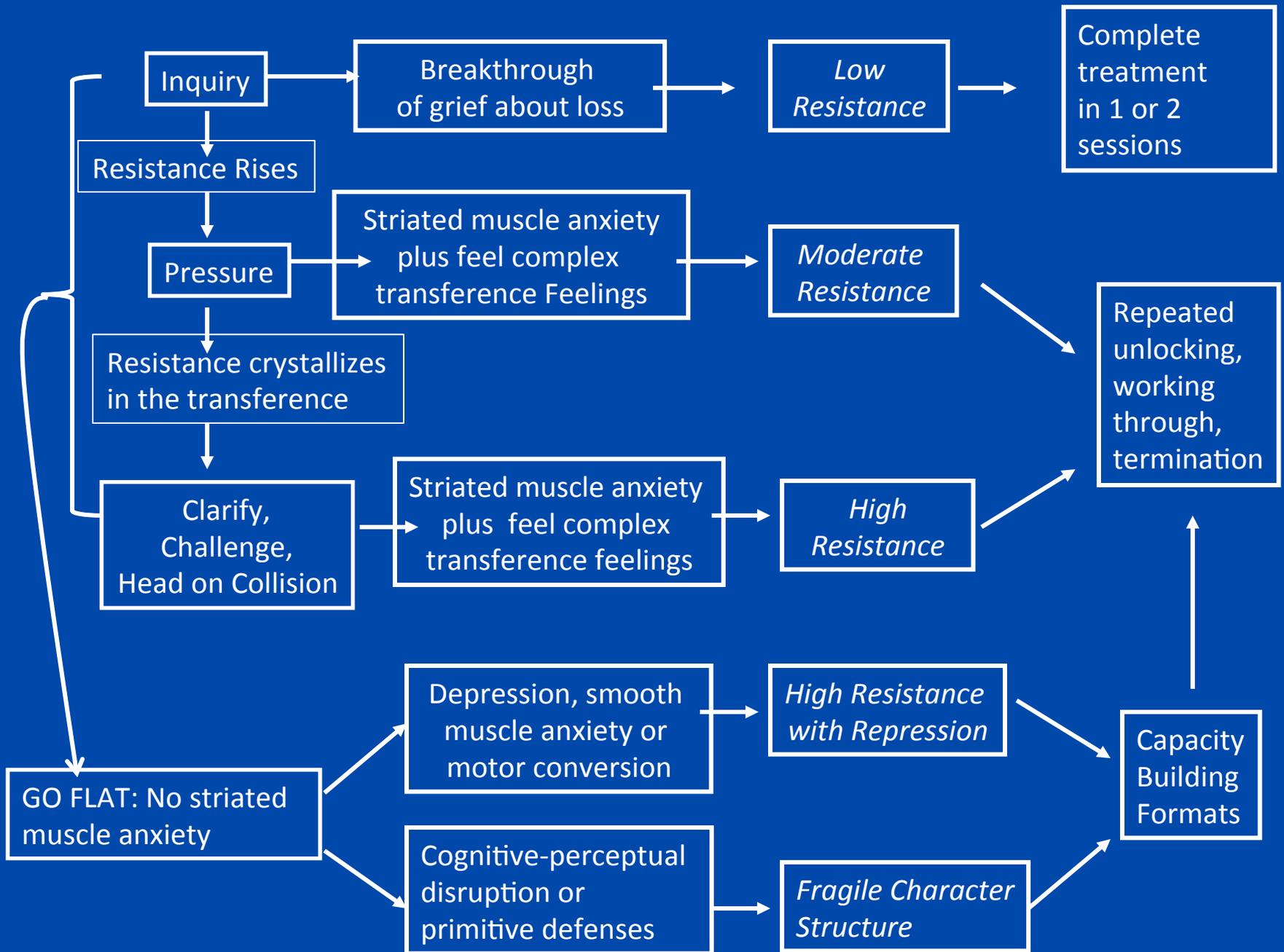
R >> UTA

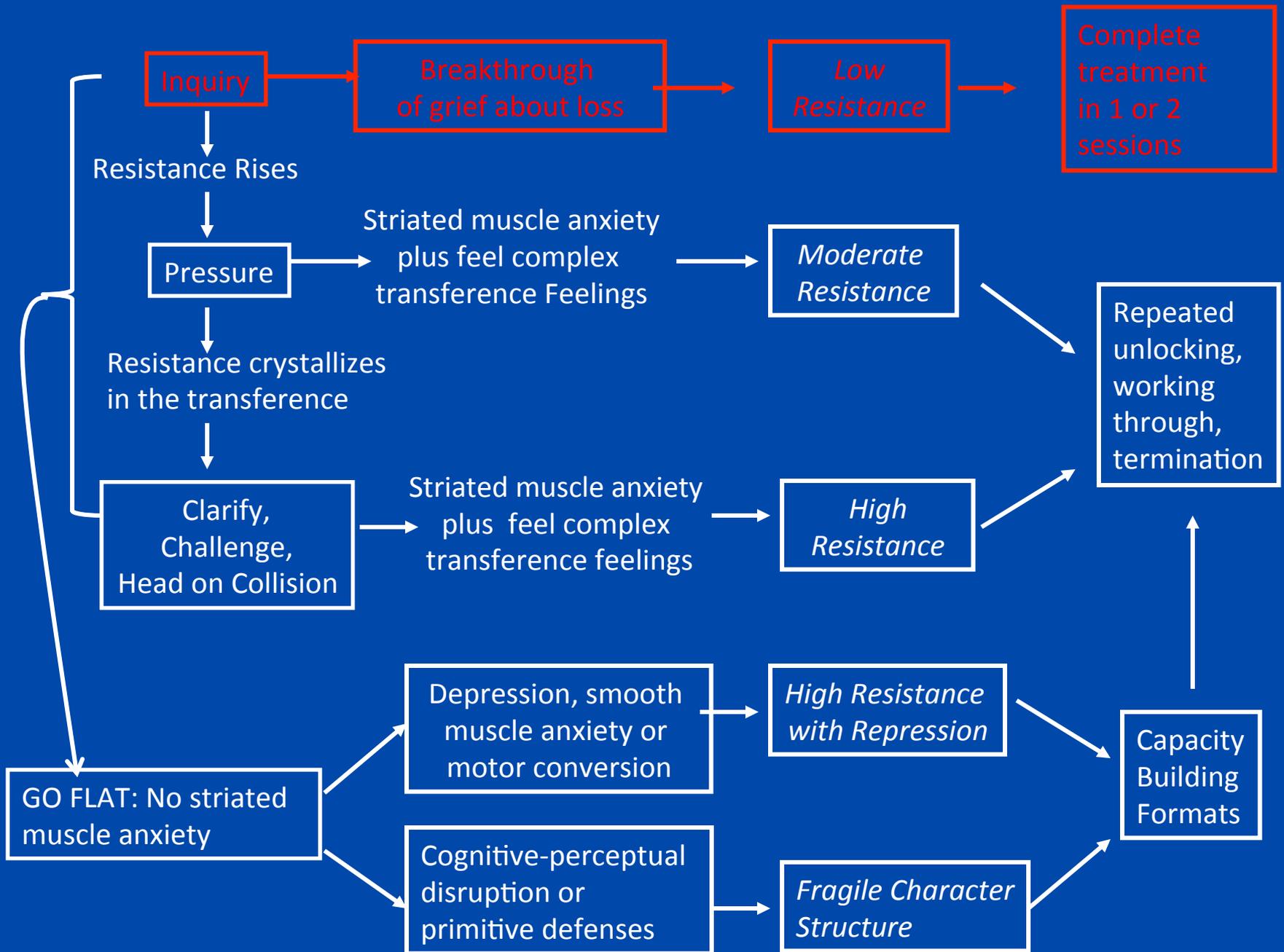
Negation  
& Dreams

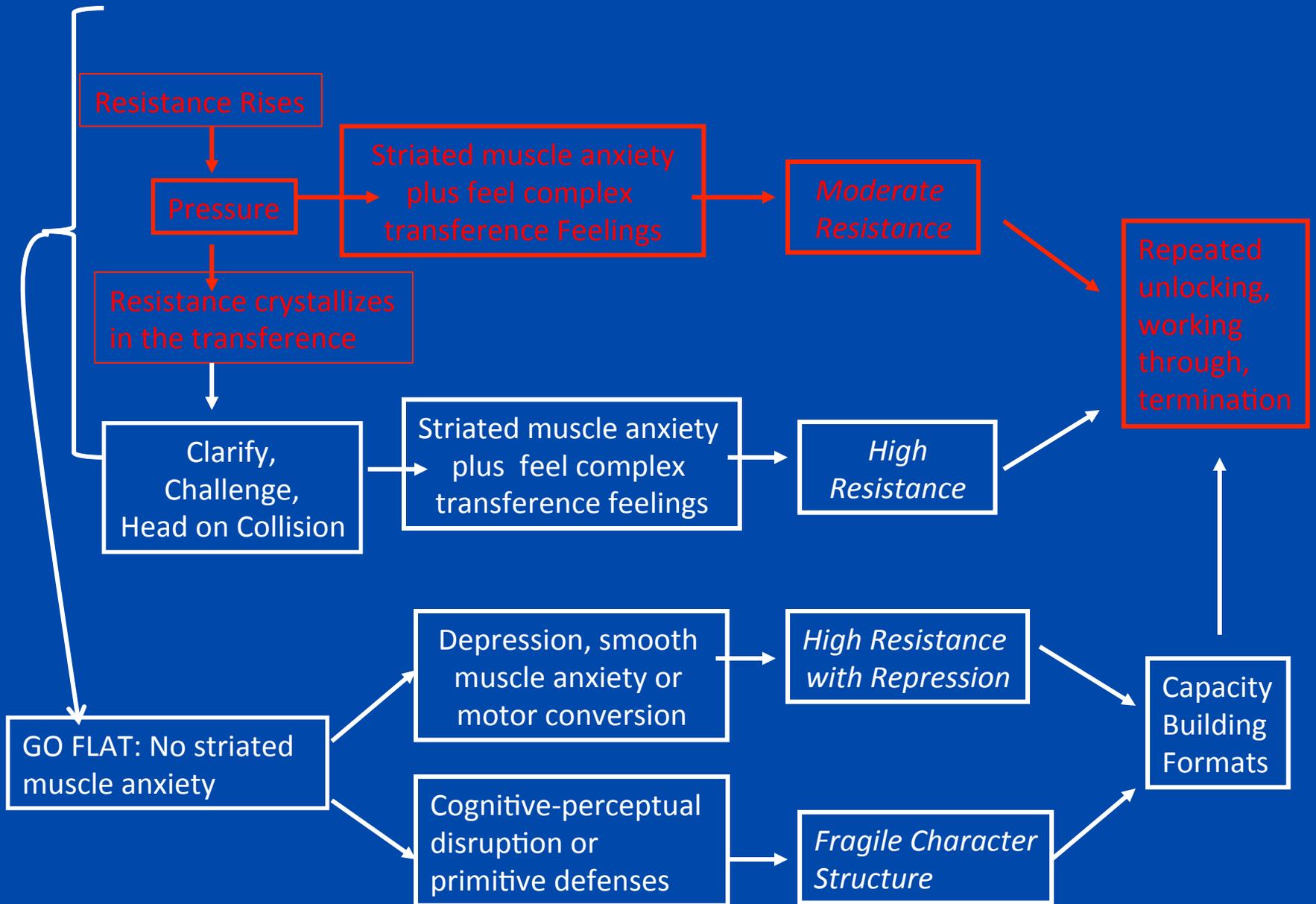
R >> UTA

Whispers from  
the UTA

After Davanloo, 2001. Abbass, 2012







# Moderate resistant patients

- Buried murderous rage and guilt and grief
- Anxiety is all striated
- Main defense is isolation of affect and intellectualization
- Pressure to see underlying feelings mobilizes the unconscious therapeutic alliance
- If defenses crystallize in the room, clarify and challenge them

# Pressure

Davanloo 1999

- The mainstay intervention of ISTDP
- Encouraging the patient to connect to his true feelings and be open with the therapist about these feelings.
- = Reaching through resistance to the person underneath
- → Psychodiagnosis and Treatment Road map
- Pressure increases Complex Transference Feelings, UTA and Resistance

# Challenge Davanloo 1999

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

# Resistance

Complex  
Transference  
feelings

Unconscious  
therapeutic  
alliance

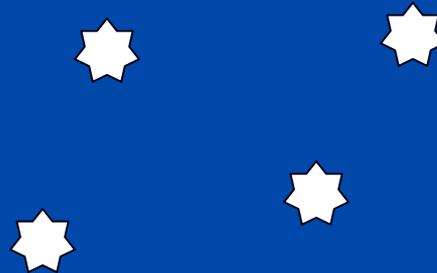
“Unlocked”

Mid rise:  
Resistance  
crystallizing in  
transference.  
Clarify and  
Challenge,  
Maintain pressure

Low rise:  
inquiry and  
pressure

*Low  
rise*

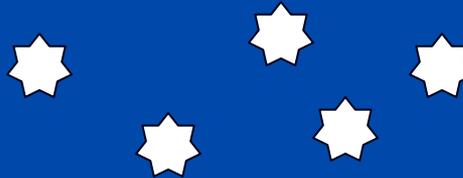
Therapist



Patient

*Mid  
rise*

Therapist



Patient

*High  
rise*

Therapist

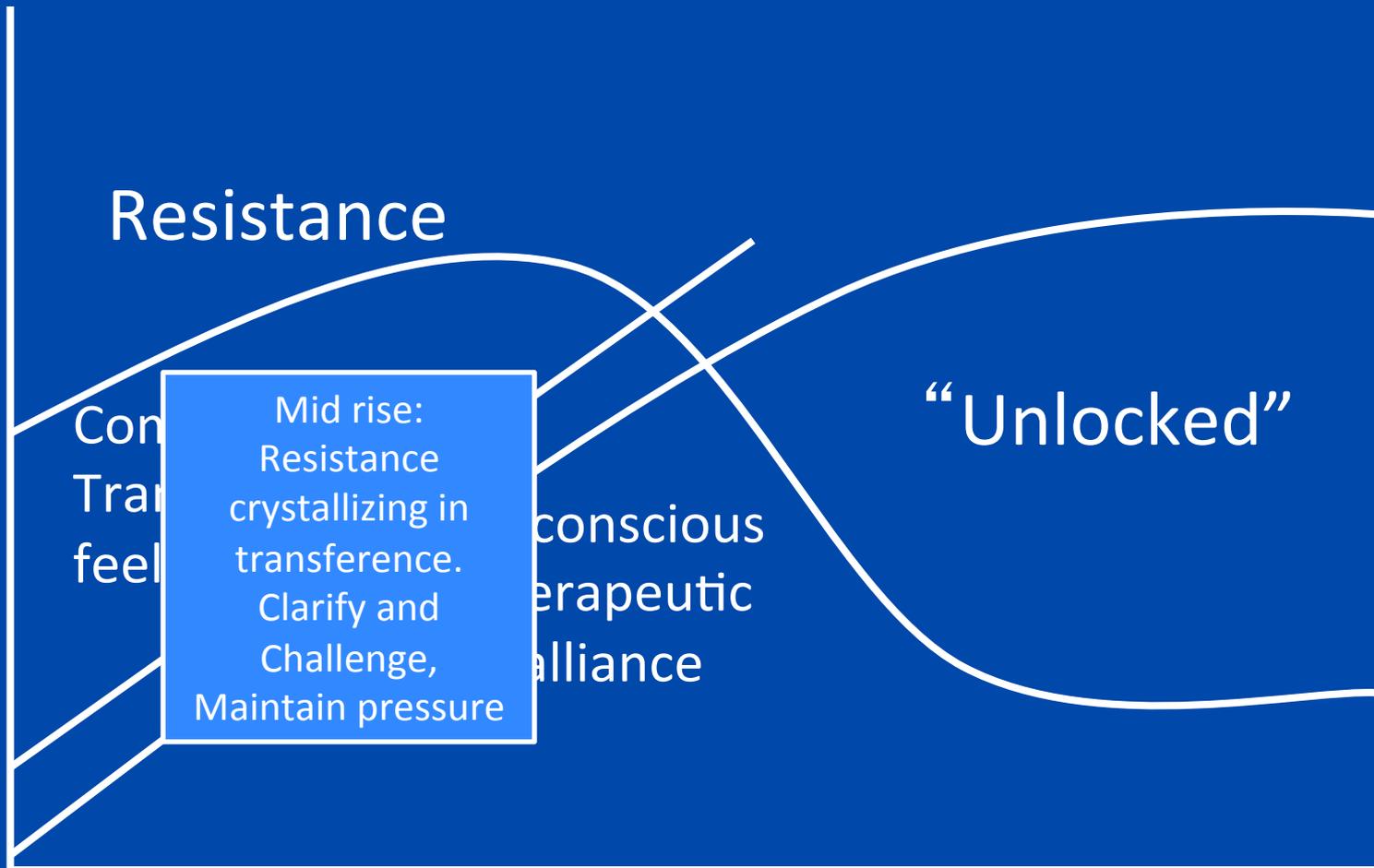


Patient

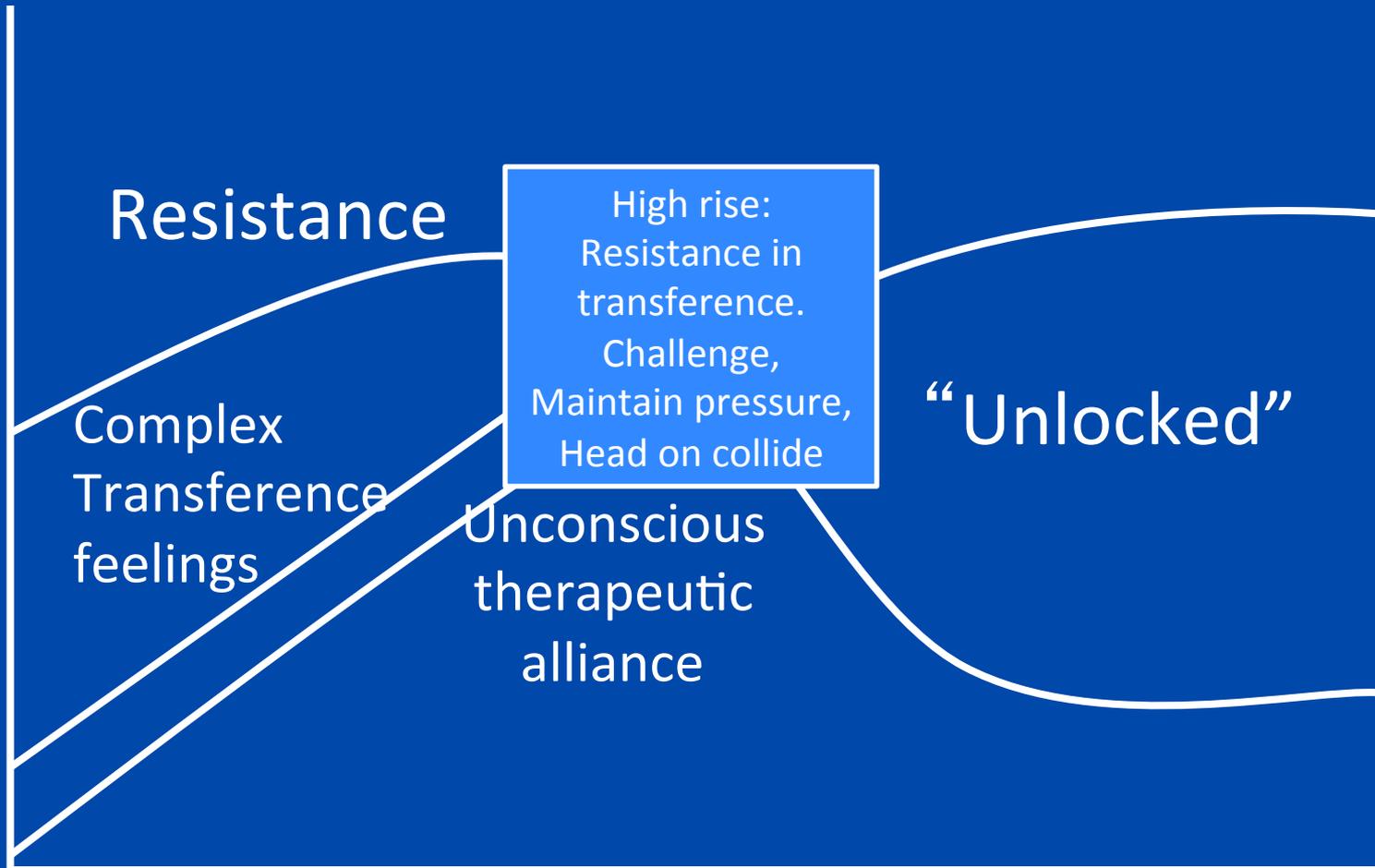


= Defense

# UTA, CTF AND RESISTANCE ARE RISING

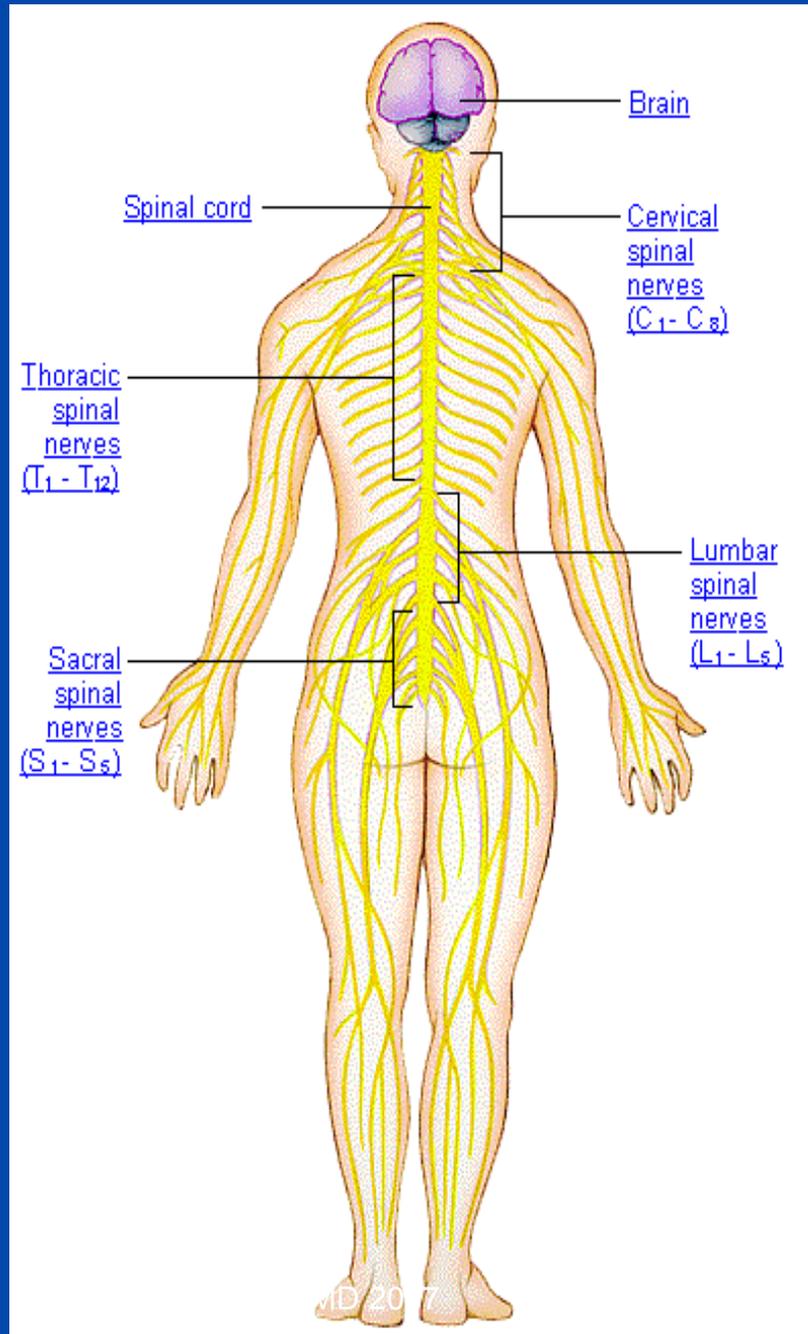


# UTA, CTF AND RESISTANCE ARE ALL AT VERY HIGH LEVELS



↓ ↓

Striated Muscle  
Anxiety  
Goes Down Body



↑ ↑

Neurobiological  
Pathway of  
Rage goes up  
Same system:  
Displacing somatization

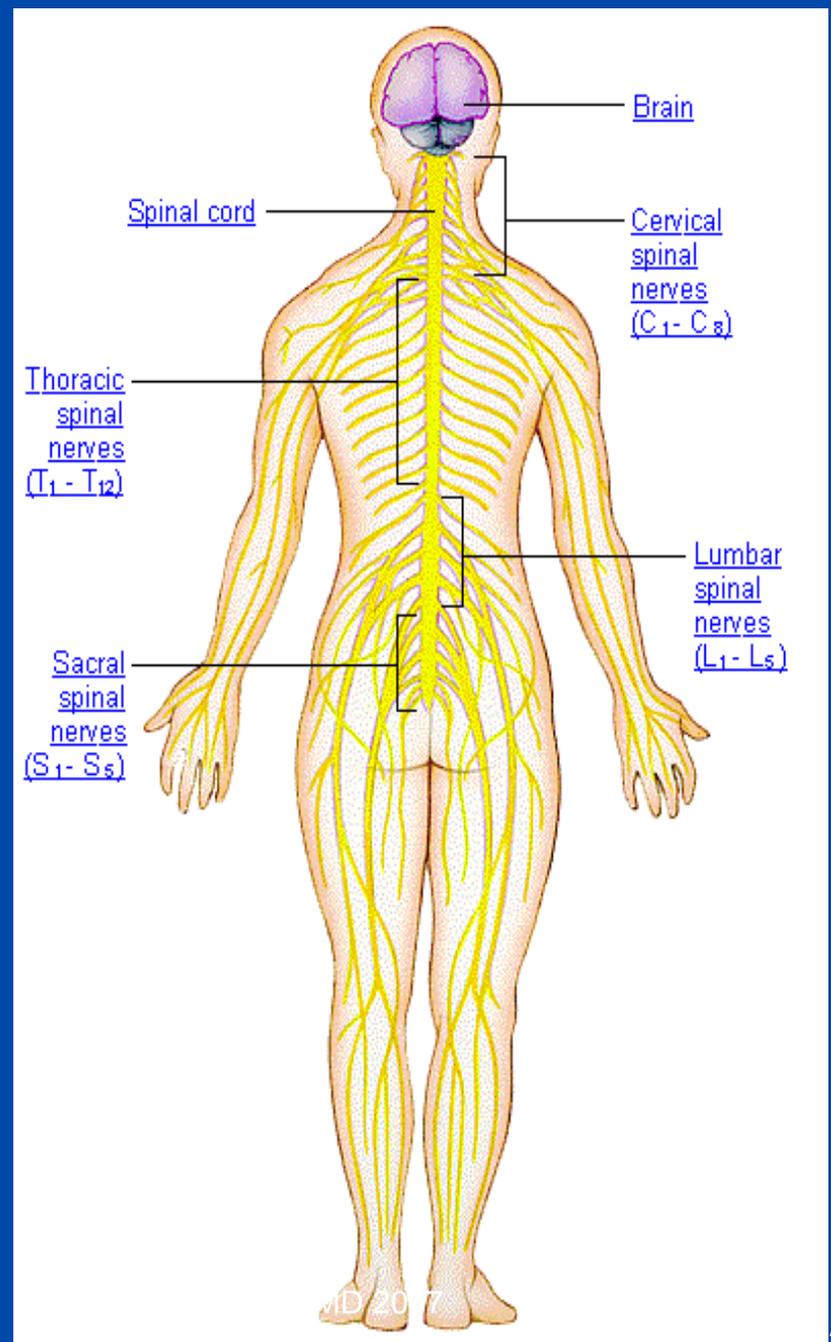
# Unlocking

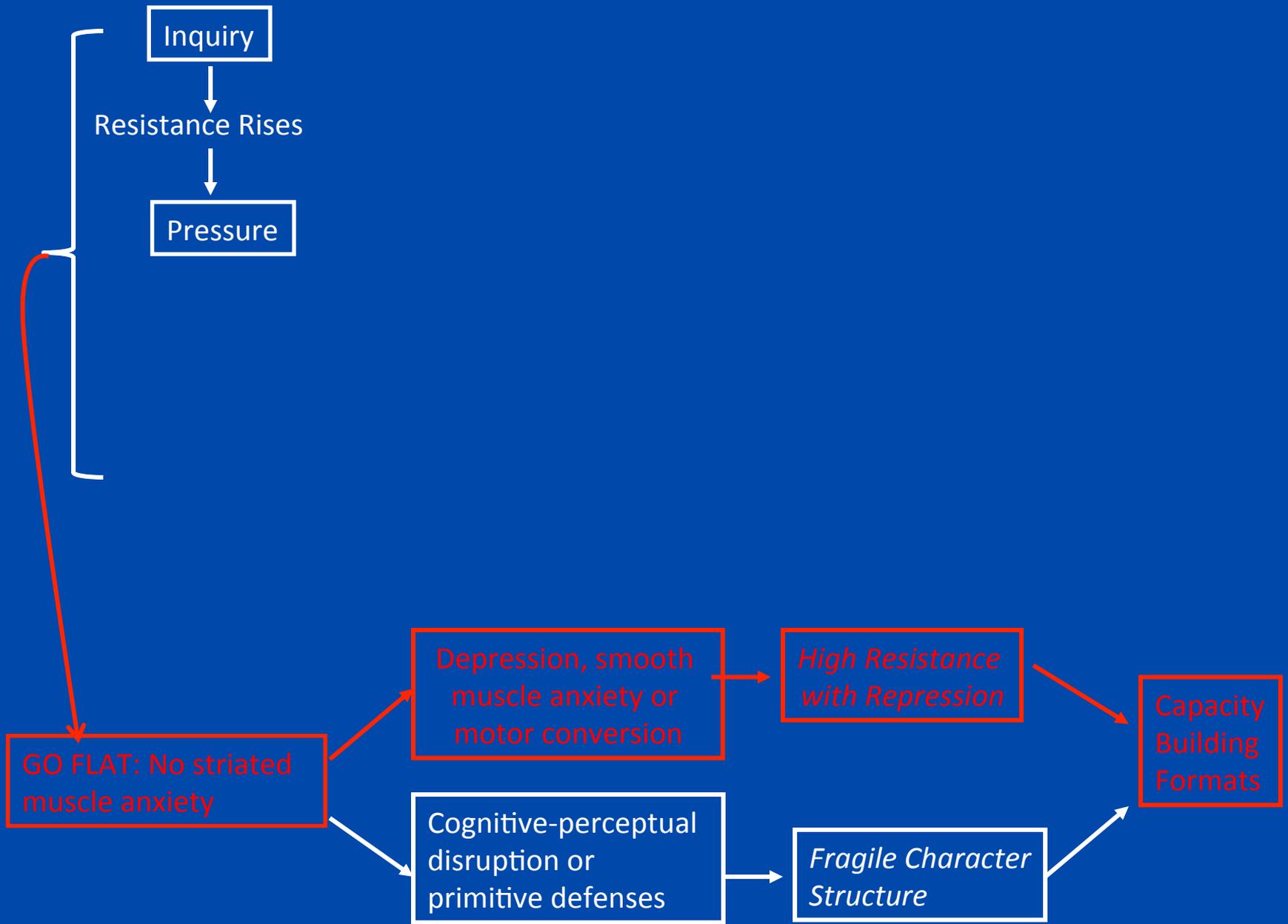
- First breakthrough: some passage of grief with linkage to past or recent person
- Partial Unlocking: somatic pathway of love, rage, guilt and grief are experienced to small degree: vivid link to past person.



Striated Muscle  
Anxiety  
Goes Down Body

Neurobiological  
Pathway of  
Rage: goes up same  
system displacing  
somatization





Conscious  
Feelings

Threshold to experiencing impulse/feelings

Unconscious  
Anxiety

Threshold to Repression

Striated Muscle Anxiety  
Isolation of Affect

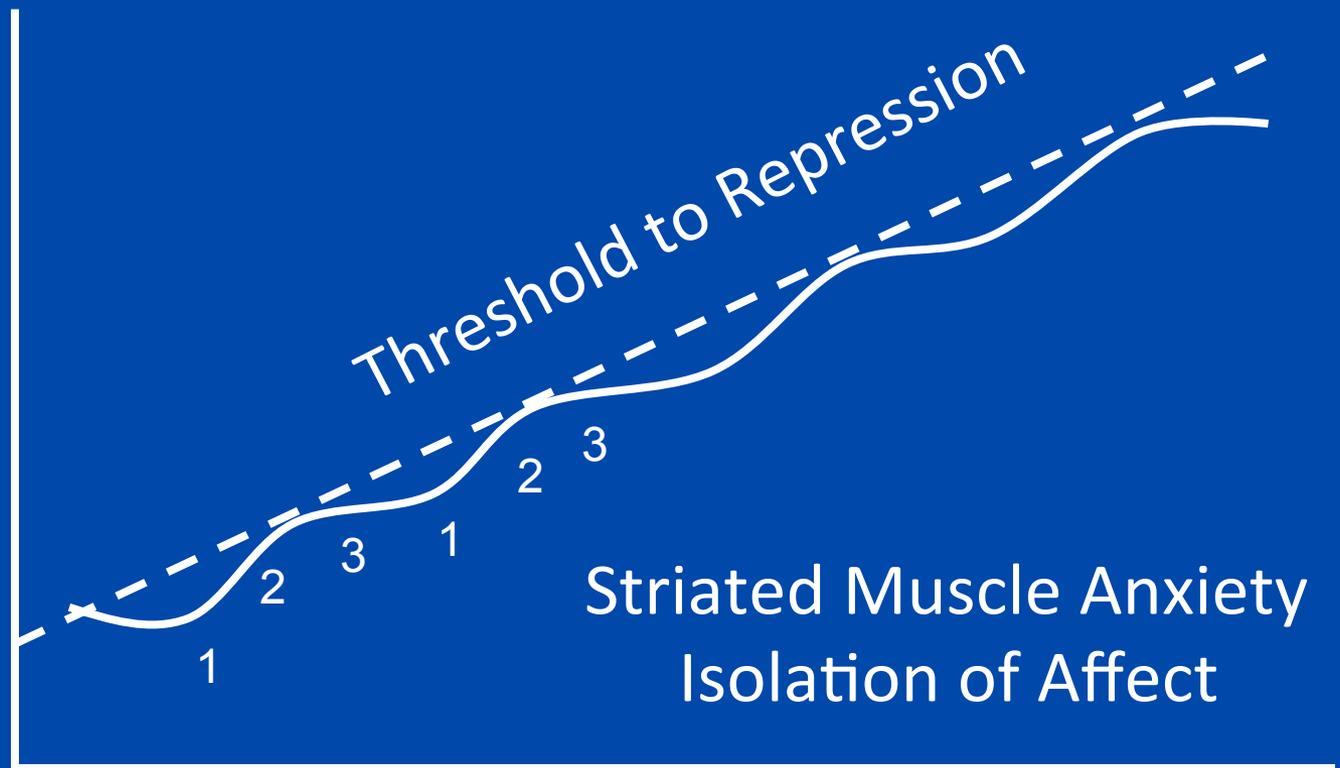
Severe  
Repression

Moderate  
Repression

Mild  
Repression

Conscious  
Feelings

Unconscious  
Anxiety



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

# How to Reduce Anxiety

- Talk
- Let the client/patient talk
- Change Stations  $C \rightarrow T$  or  $T \rightarrow C$  or  $C \rightarrow C$
- Focus on bodily cues
- Recapitulate on what happened P-C-T and I/F-  
Anxiety- Defence
- Stay off feelings for a moment

# When to Resume Pressure

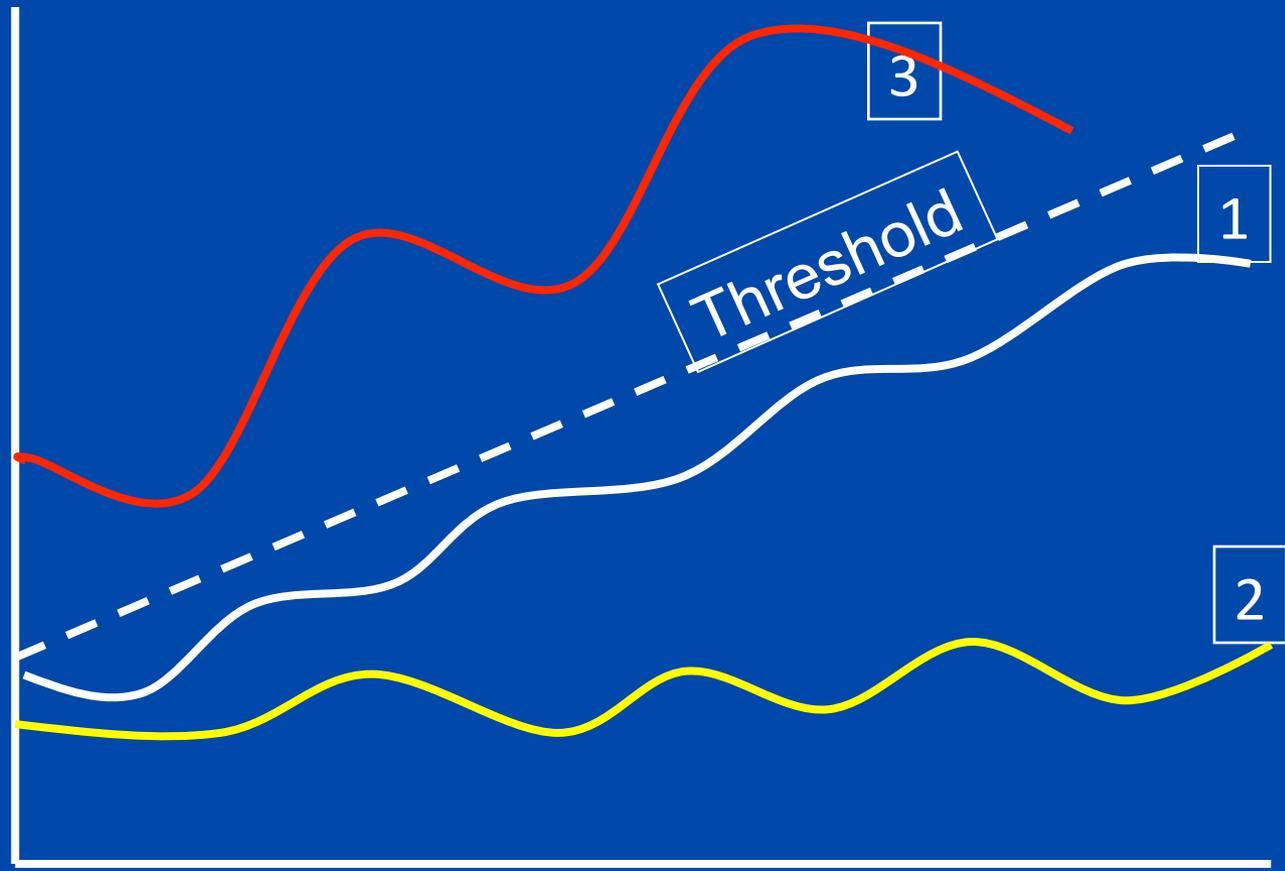
- When tension is back in striated muscles
- When patient is actively isolating affect
- When the patient suggests we explore this more or expresses curiosity about “why that happens”
- When he expresses that he is ready for more pressure  
”can you ask me that one more time?”

# Portraying

- Imagery of what an urge wants to do
- A means to hold awareness and isolate the affect: desensitize
- Can be used with little to no experience of the rage.
- Increases isolation of affect and brings anxiety to striated muscles
- Raises threshold that he can use these defences and tolerate anxiety.

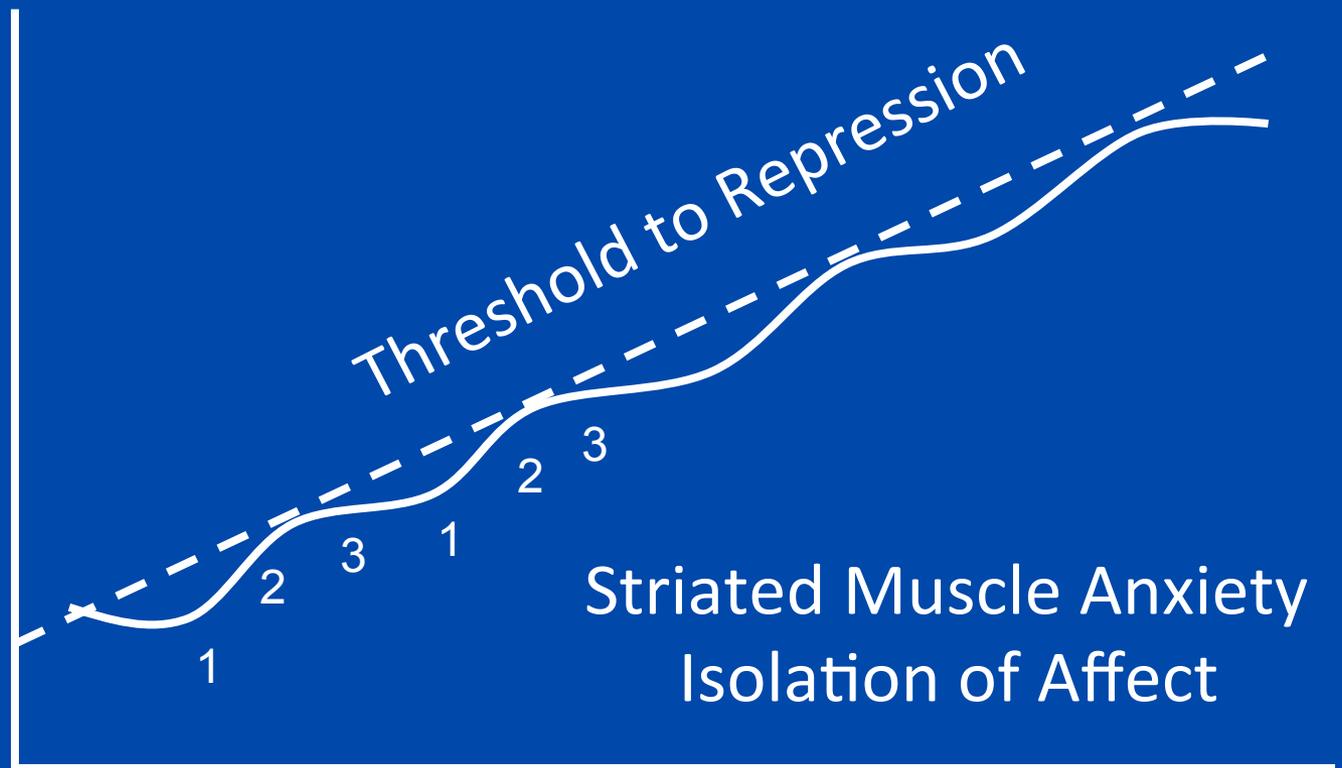
Conscious  
Feelings

Unconscious  
Anxiety

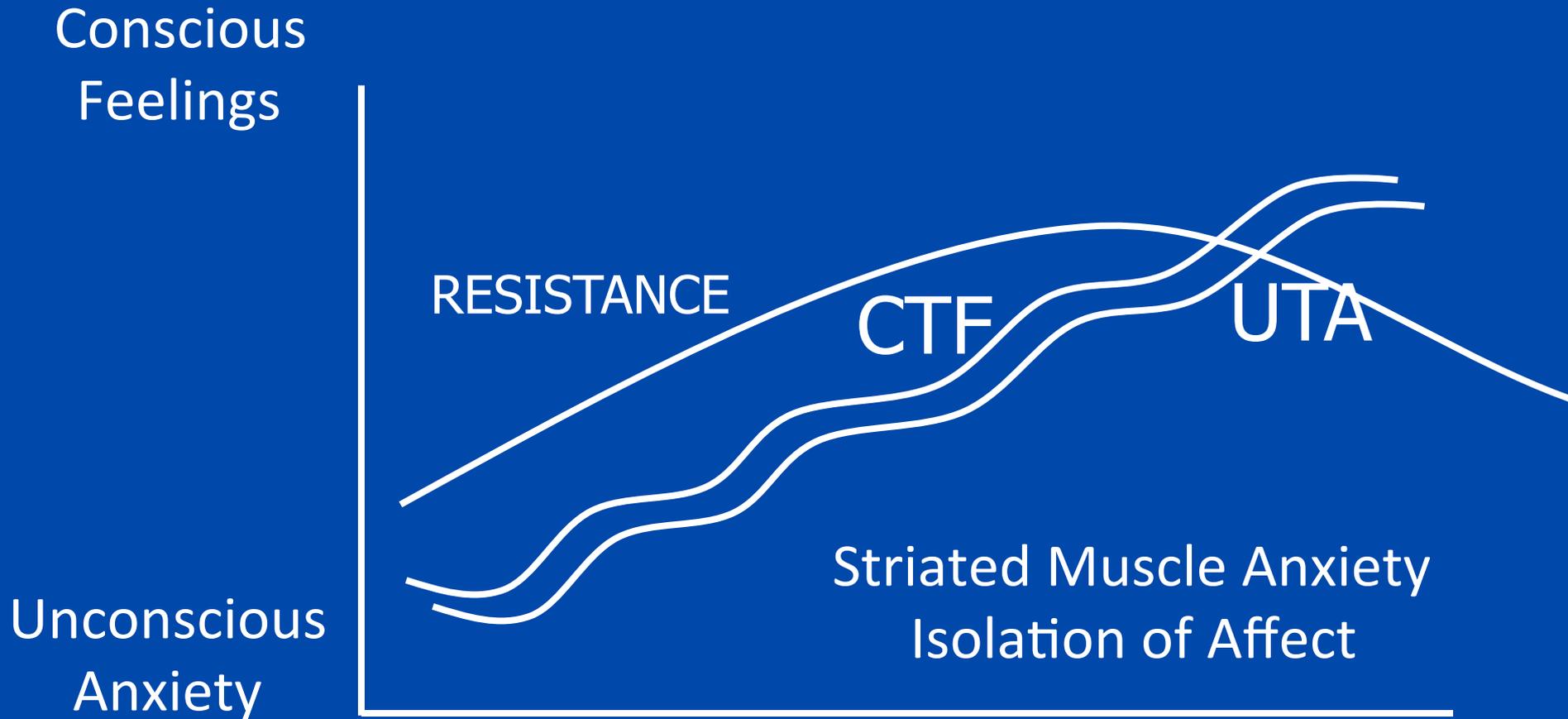


Conscious  
Feelings

Unconscious  
Anxiety



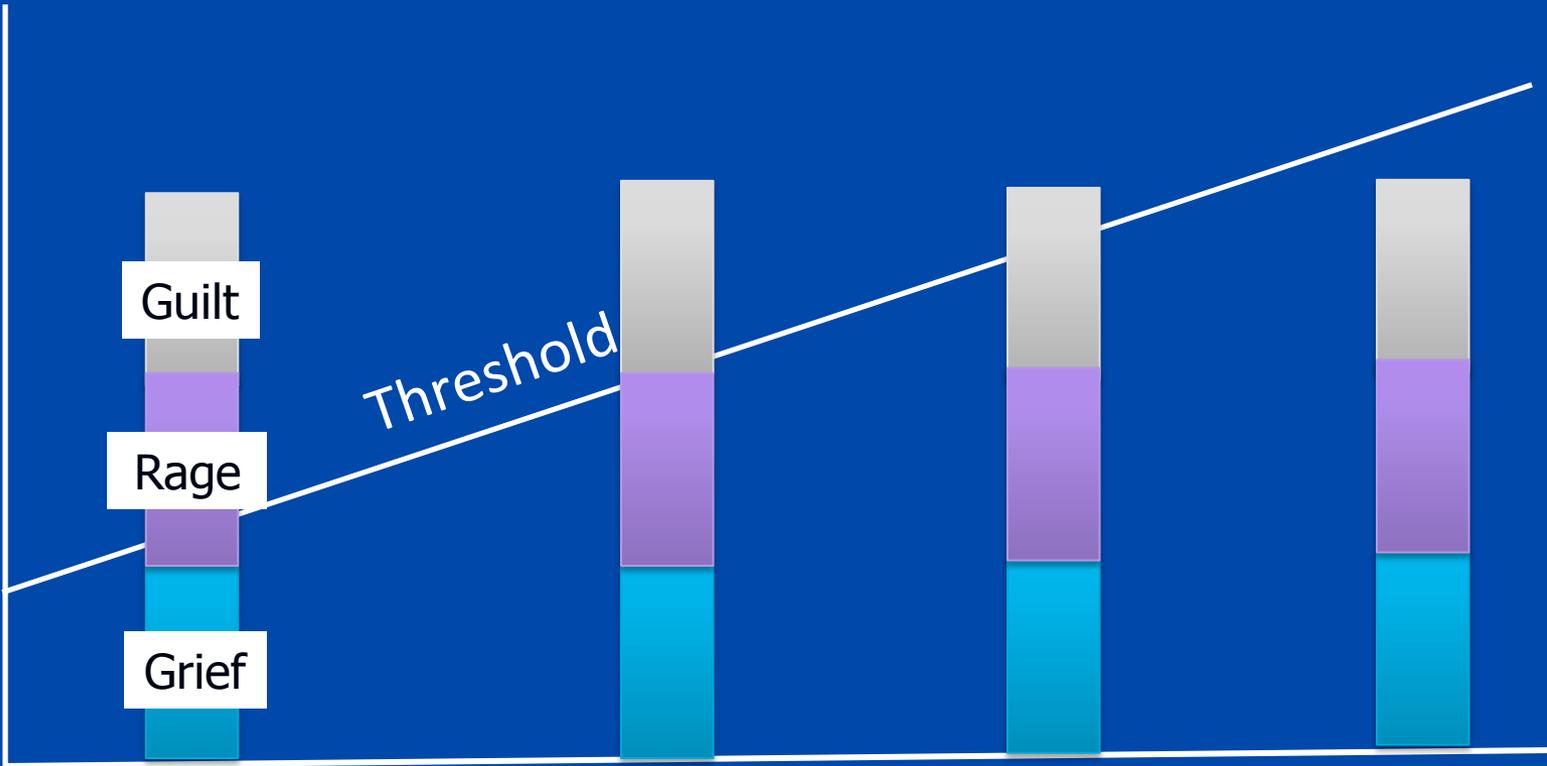
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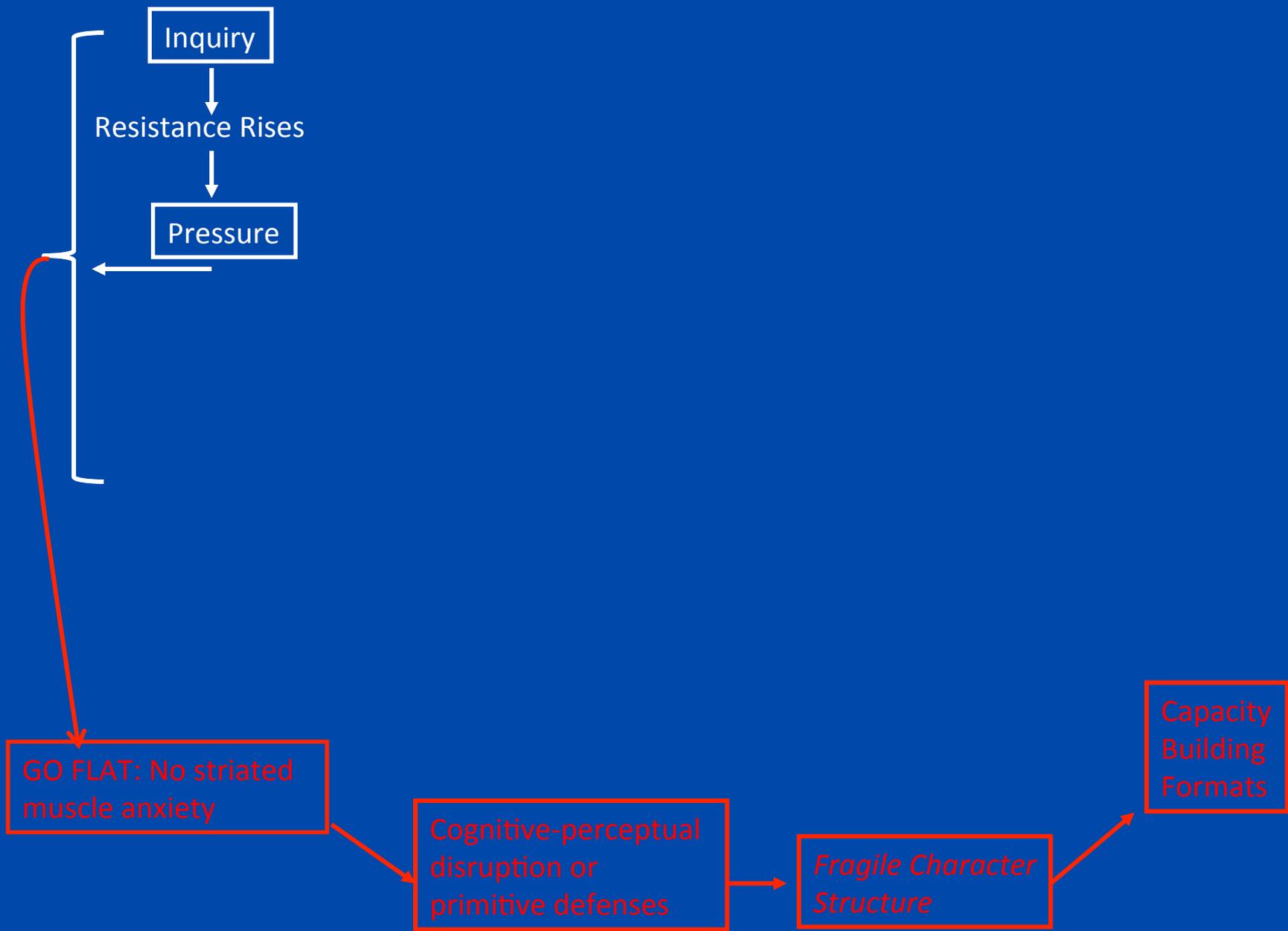


1. Pressure to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

Conscious feelings

Unconscious anxiety and defense





# Fragile Character Structure Patients

- Dissociate, lose vision, lose hearing, hallucinate
- Projection, splitting projective identification
- Need capacity building
- Pre and post: structural changes → Striated muscle tension and isolation of affect
- The regular breakthrough of underlying feelings, working through and termination
- Treatment 20-150 sessions depending on severity



WEAK  
BOND

Trauma

PAIN  
FEAR

Rage, Remorse  
about the Rage,  
Craving Bond

Severe Character  
Disorder  
+ Symptoms

Conscious feelings

1. Pressure
2. Rise in CTF
3. Recap

Threshold to CPD or primitive defenses

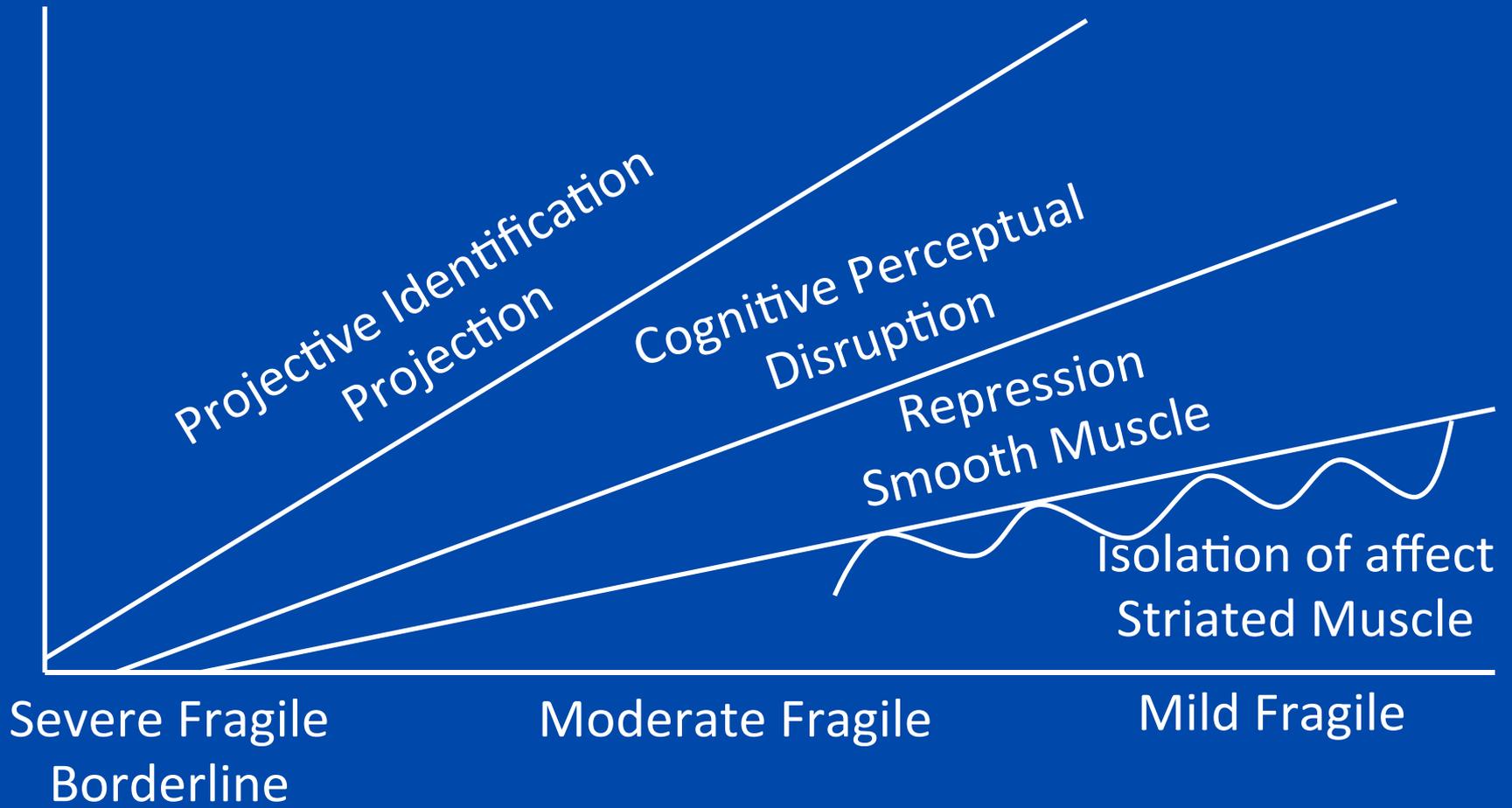
Therapeutic window

Isolation of affect  
Striated muscle

Severe fragile,  
borderline

Moderate  
fragile

Mild  
fragile



# Results of Capacity Building Phase

- Anxiety in striated muscle
- Ability to self reflect
- Ability to reduce own anxiety
- Understanding of the trauma
- Reduction of paranoia/projection and grief about it
- Emerging empathy for family

# UTA in Repeated Unlocking

- Spontaneous unlockings in week
- Imagery pops in head
- Dead bodies
- Sensations in body
- Dreams that are breakthroughs
- Vivid content allow strong guilt to be felt
- Sense of Presence: UTA

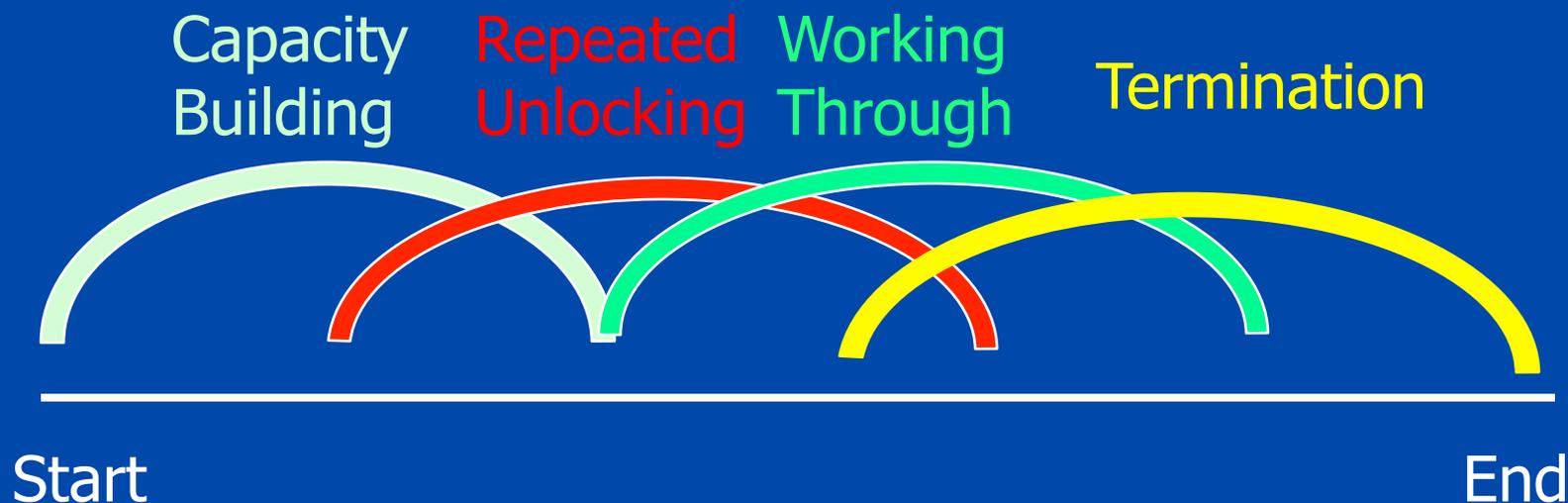
# Results of repeated unlocking phase

- Next to no signs of fragility
- Emotions are separated: de-fused
- Compassion for self
- Empathy and love for others: survivor guilt
- Grief about psychopathology
- Functional gains
- Growing mastery of psychodynamics
- Altruism: wish to give to others

# Working Through Phase

- Mobilization of grief and self compassion as guilt is removed
- De fusion of punitive superego from self
- Drives for attachment
- Healthy activity in life
- Return to function
- Pockets of rage and guilt still emerge
- Grief is dominant
- Empathy/love for family members

# Course of Intensive “Long-term” DP



Pressure

BRACING

Reflection:  
Recap

Use when below  
thresholds

Evoke feelings  
Activate somatic  
pathway of rage  
Develop images

Fire limbic areas  
including amygdala

Use to optimize  
rise without being  
over threshold

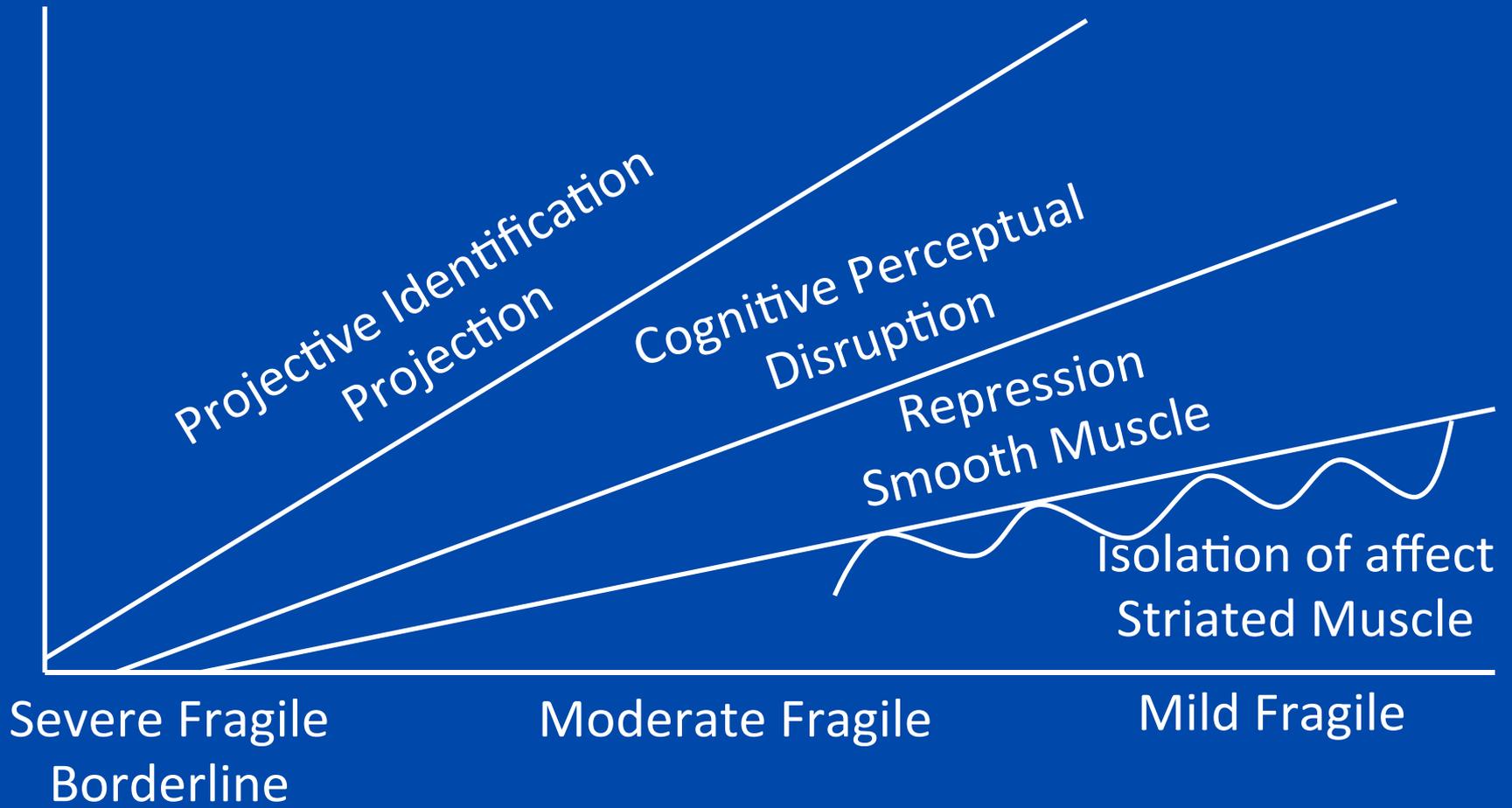
Combine both  
self-reflection and  
pressure

Train brain to fire  
both functional  
regions together

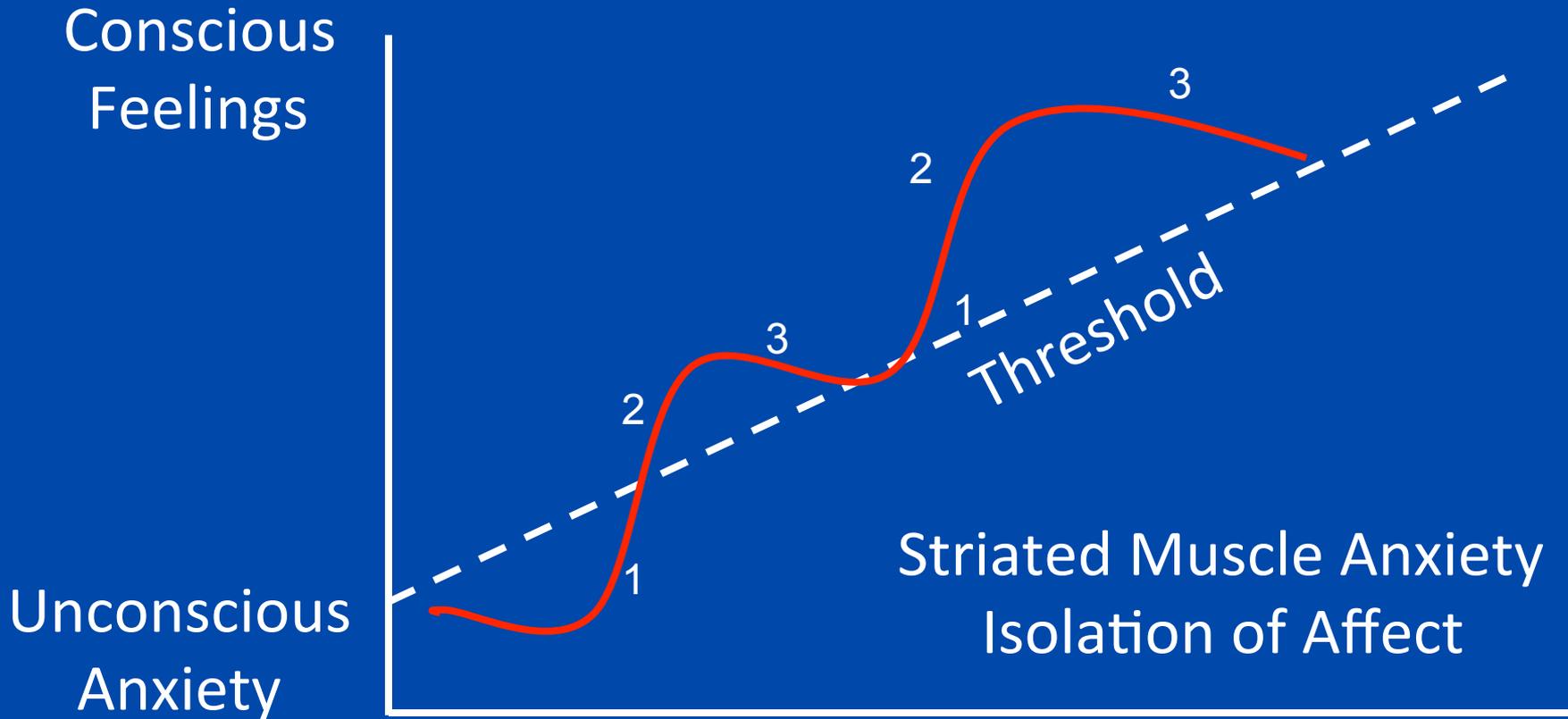
Use when above  
thresholds

Self-reflect  
Link phenomena  
Observe the body  
Observe thoughts

Fire brain self-  
reflective centers



# Immersive Approach to Building Capacity

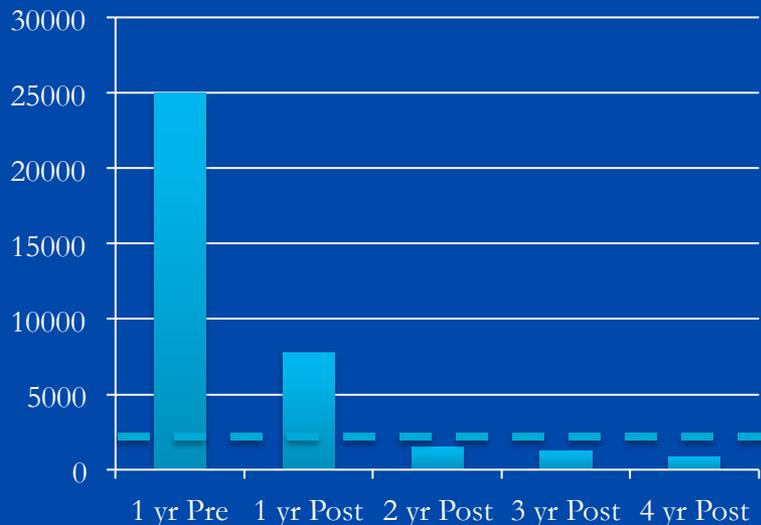


1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

# Adjunctive ISTDP for Psychotic Disorders

- For residual anxiety, depression and interpersonal problems and some psychotogenic cycles
- N=38, Mean 13 sessions
- Sig reduction in self report Paranoid ideation, Anxiety, Obsessive Compulsive, and Global symptom rating (BSI)

Hospital Costs



Doctor Billings

