

3rd Columbia Psychosomatics Conference, New York, Oct 28, 2017

## Psychodynamic-interpersonal psychotherapy of somatic symptom disorders (PISO)

Peter Henningsen

Dept of Psychosomatic Medicine and Psychotherapy  
University Hospital rechts der Isar, Technical University of Munich

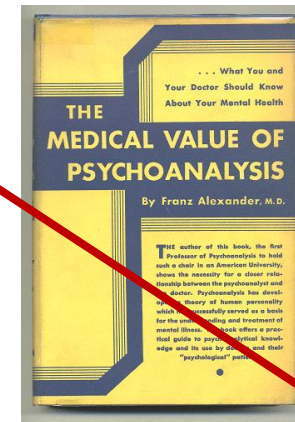
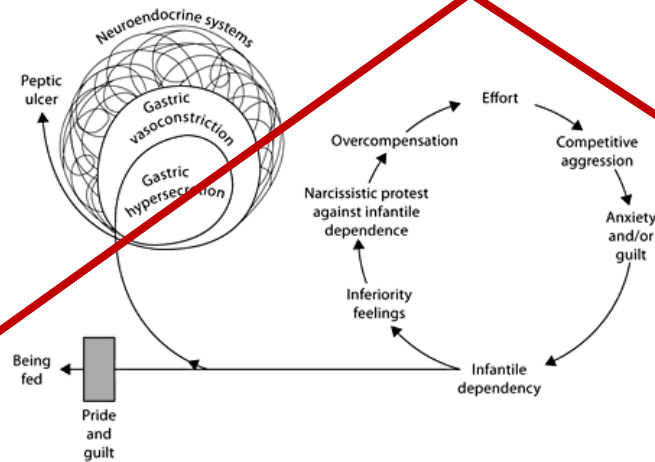


# Overview

- ▶ Rationale for treating patients with somatic symptoms with psychodynamic-interpersonal psychotherapy
- ▶ PISO: basic principles
- ▶ Mechanisms of therapeutic change in PISO study
- ▶ Conclusions

# The traditional psychogenic treatment rationale

- ▶ Body as theatre of the soul
  - ▶ Psychogenesis: symptom as symbol/ indicator of specific conflict
  - ▶ Classical psychotherapeutic paradigm: insight into conflicts
  - ▶ Classical disease model: bodily symptom perception is result of organ dysfunction



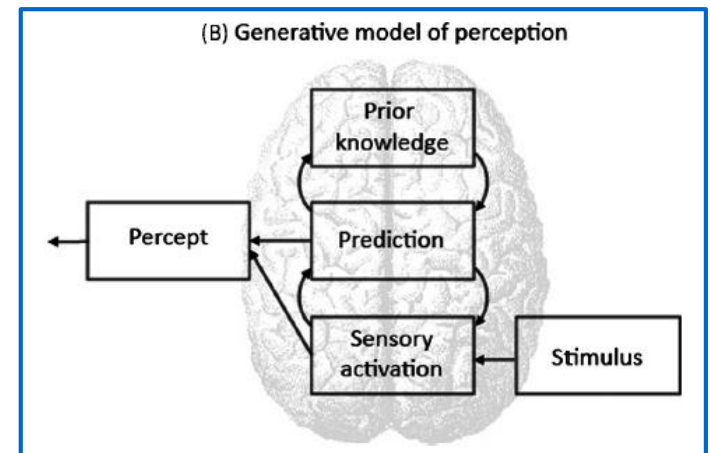
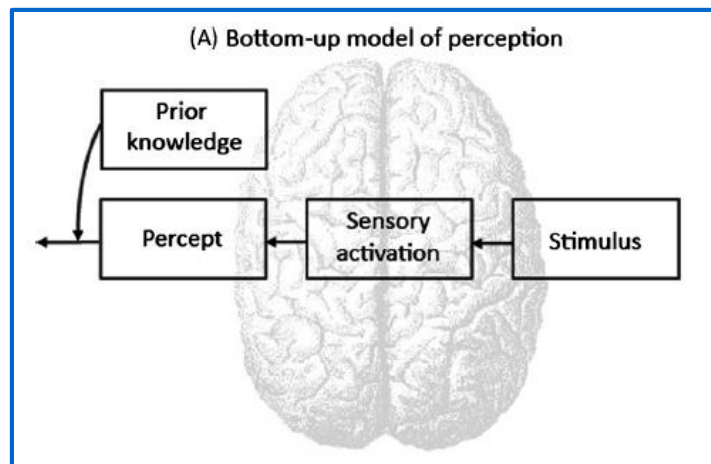
Franz Alexander 1932

## Now: an inter-personal treatment rationale

- ▶ Bodily distress is a process involving the whole person
  - ▶ **not** a bodily dysfunction induced by psychological conflicts/ stress
  - ▶ **not** a mental dysfunction induced by bodily sensory input
  - ▶ rather a “**disorder of the embodied self**” with sensory, emotional, cognitive and behavioral components

## Now: an inter-personal treatment rationale

- ▶ New models of symptom perception fit with this “personal” approach
  - ▶ Perception is active, generative comparison of predictions (about the hidden causes of sensations) and sensory evidence



## Now: an inter-personal treatment rationale

- ▶ Bodily distress is shaped as much by expectation based on prior experience as by sensory input

“not only has your past viscerosensory experience reached forward to create your present experience, but how your body feels now will again project forward to influence what you will feel in the future.

It is an elegantly orchestrated self-fulfilling prophecy, embodied within the architecture of the nervous system”

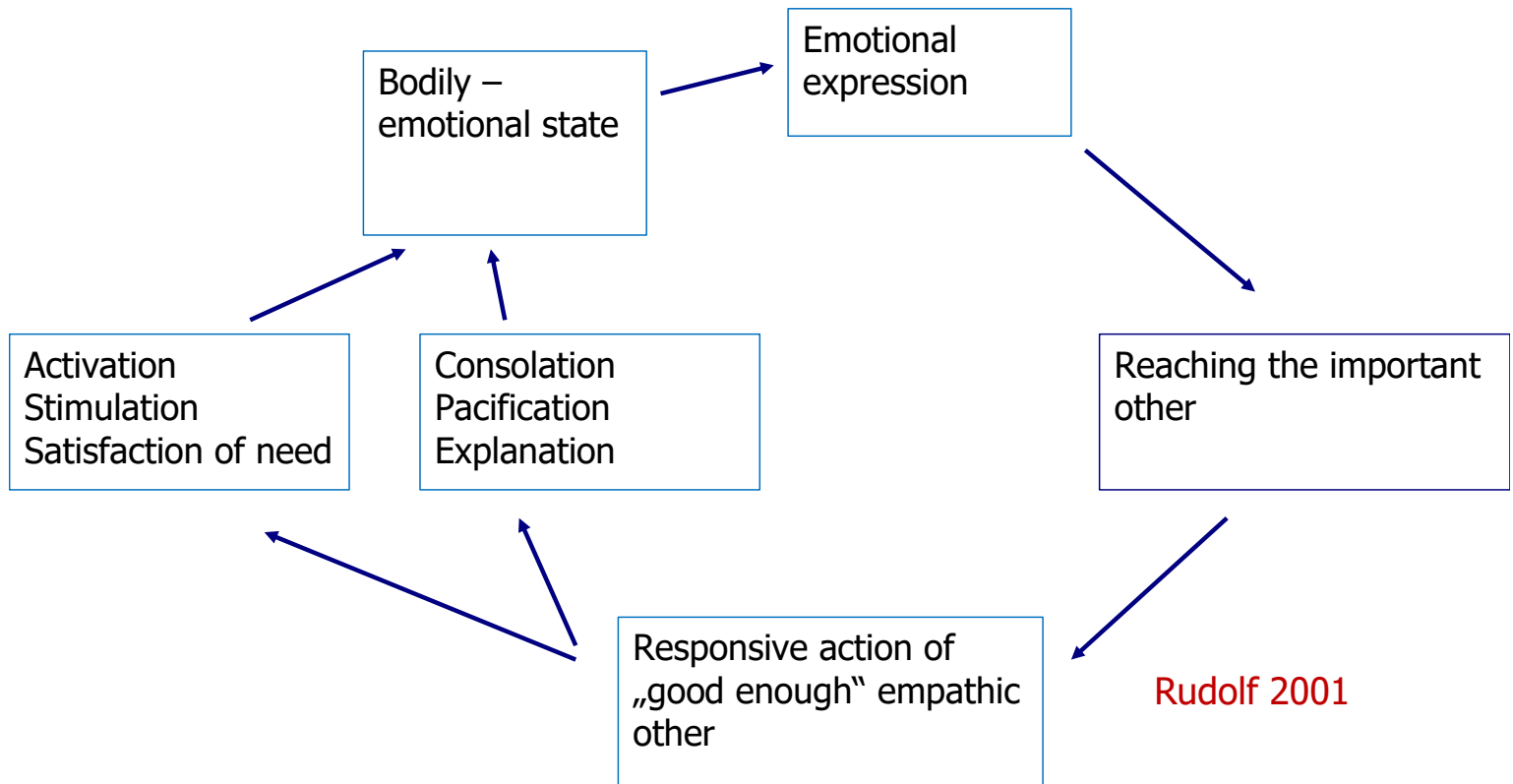
## Now: an inter-personal treatment rationale

- ▶ Bodily distress is shaped by prior interpersonal experiences
  - ▶ “Embodied mentalization” during development

“active and perceptual interoceptive inference in development is by necessity mediated by the actions of caregivers that bring about physiological changes, and hence shape the perception of bodily satisfaction, relief, pleasure, pain, or lack thereof”

Fotopoulou and Tsakiris, *Neuropsychoanalysis* 2017, p 11

## Body and emotion in early relationships





## Now: an inter-personal treatment rationale

- ▶ Adverse (interpersonal) childhood experiences directly shape experience of bodily distress as a “disorder of the embodied self”
  - ▶▶ higher tendency to expect distressing bodily sensations
  - ▶▶ higher tendency to interpret them as sign of bodily disease
  - ▶▶ lower capability to differentiate bodily correlates of emotion and bodily distress
  - ▶▶ altered identity

## Now: an inter-personal treatment rationale

- ▶ With its developmental, relational and embodied rationale psychodynamic-interpersonal psychotherapy has the potential to directly reduce bodily distress
  - without a psychogenetic assumption in mind !

# PISO: psychodynamic-interpersonal therapy for somatoform disorders



PISO AG (Eds): [PISO – Psychodynamic-interpersonal therapy of somatoform disorders.

In Beutel M et al. (Eds): Disorder-oriented psychodynamic psychotherapy] Göttingen: Hogrefe 2011

# Basic principles of PISO

- ▶ Based on principles of psychodynamic-interpersonal therapy (PIT)
  - ▶ Bodily complaints are seen in relational and affective context, as “disorders of the embodied self” (agency, identity)
  - ▶ Analysis of complaint-related relationship episodes (with health care system, with family, with others)
  - ▶ Clarification and differentiation of affects and complaints
  - ▶ **Active, supportive therapist**

PISO AG (Eds): [PISO – Psychodynamic-interpersonal therapy of somatoform disorders.  
In Beutel M et al. (Eds): Disorder-oriented psychodynamic psychotherapy]  
Göttingen: Hogrefe 2011

# PISO in manualized form

- ▶ PISO as manualized 12 session short term intervention
  - ▶▶ Three phases
    - a) Session 1-3 - “Landscape of complaints and complaint-related symptoms and experiences”
      - Psychoeducation including symptom diary
    - b) Session 4-9 - Clarification of complaint-related relationship episodes, affect differentiation (“embodied mentalization”), link to biographic material
    - c) Session 10-12 – Termination, taking stock

PISO AG (Eds): [PISO – Psychodynamic-interpersonal therapy of somatoform disorders. In Beutel M et al. (Eds): Disorder-oriented psychodynamic psychotherapy] Göttingen: Hogrefe 2011

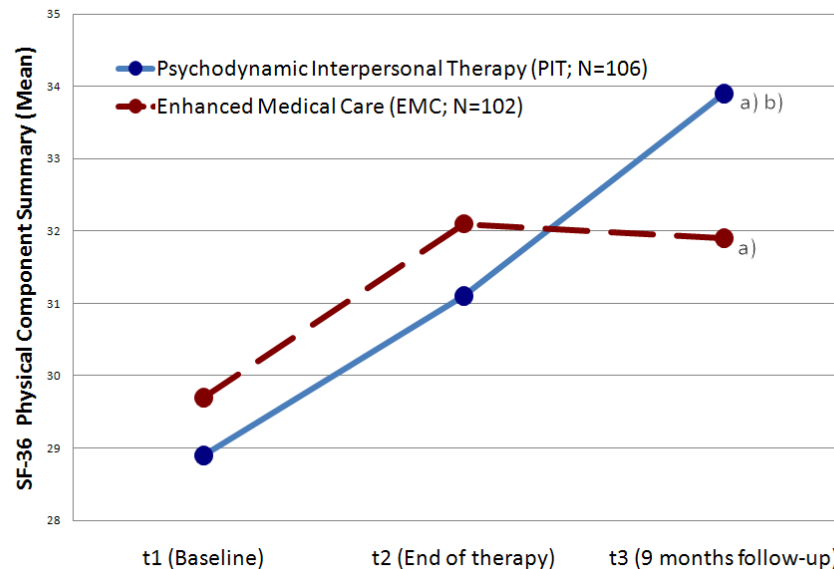
## PISO in manualized form

- ▶ PISO – some elements from second phase, Session 4 - 9
  - ▶▶ Narrative structuring of bodily complaint history
  - ▶▶ Enrichment with affects and images
  - ▶▶ Discussion of situational, relational, emotional context of bodily complaints
  
  - ▶▶ Differentiation of bodily reaction - emotion – cognition – action tendency
  - ▶▶ Discussion of disappointment with body – with others – with therapist
  - ▶▶ More general linking of bodily distress with emotional relationship experiences
  - ▶▶ Where appropriate: supporting affect regulation
  
  - ▶▶ But also: counseling for bodily activation and relaxation

PISO AG (Eds): [PISO – Psychodynamic-interpersonal therapy of somatoform disorders.  
In Beutel M et al. (Eds): Disorder-oriented psychodynamic psychotherapy]  
Göttingen: Hogrefe 2011

# PISO – the trial

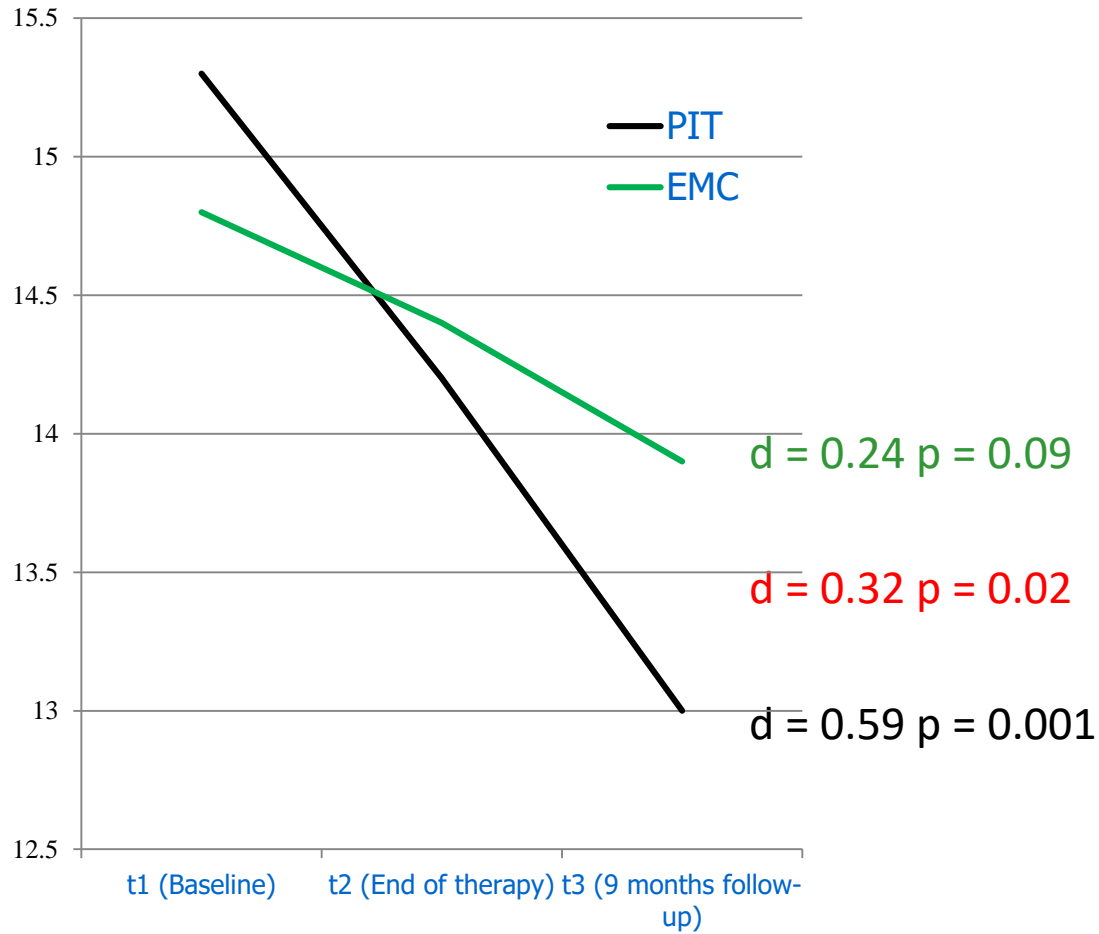
- ▶ Multicenter RCT, n= 208, primary outcome: SF-36 PCS at 9 mths FU



- a) Significant improvement in both conditions between t1 and t3 (effect sizes  $d=0.61$ ,  $p=.00$  and  $d=0.32$ ,  $p=.02$  respectively)
- b) Significantly higher extent of improvement in PIT compared to EMC (differential effect size  $d=0.37$ ,  $p=.00$ )

Sattel H, (...), Guendel H, (...) Henningsen P. Brief psychodynamic interpersonal psychotherapy for patients with multisomatoform disorder: randomised controlled trial. *British Journal of Psychiatry* 2012; 200: 60-7.

# Somatization score (PHQ-15)





## What brings about change in PISO ?

- ▶ Even with only 12 sessions of therapy with mostly non YAVIS patients there is positive change in symptoms and quality of life
- ▶ Mechanisms of change in short term psychodynamic psychotherapy
  - ▶ the usual suspects are
    - insight
    - focus on emotion
    - therapeutic alliance (see Messer SB, Psychotherapy 2013)

# What brings about change in PISO ?

- ▶ **Potential** mechanisms of change in PISO

- ▶▶ insight - mainly in psychosocial factors affecting bodily distress
  - partially in aspects of altered self (identity, agency)

- ▶▶ focus on emotion - mainly awareness of emotional aspects of complaint-related relationship experiences (incl. disappointment with therapist)
  - partially better differentiation of emotion and bodily distress

- ▶▶ therapeutic alliance - mainly feeling of being taken seriously with distress
  - partially “corrective emotional experience”

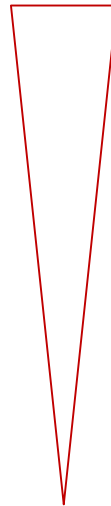
- ▶▶ plus “corrective body-related expectations/ experience” ?

- ▶▶ plus biologically defined mechanisms (e.g. stress axis parameters) ?

## What brings about change in PISO ?

- ▶ Our problem: we suspect but do not know mechanisms of change
- ▶ We have to be modest

- mechanism of change
- mediator of change
- moderator of change
- predictor of change
- correlation of change



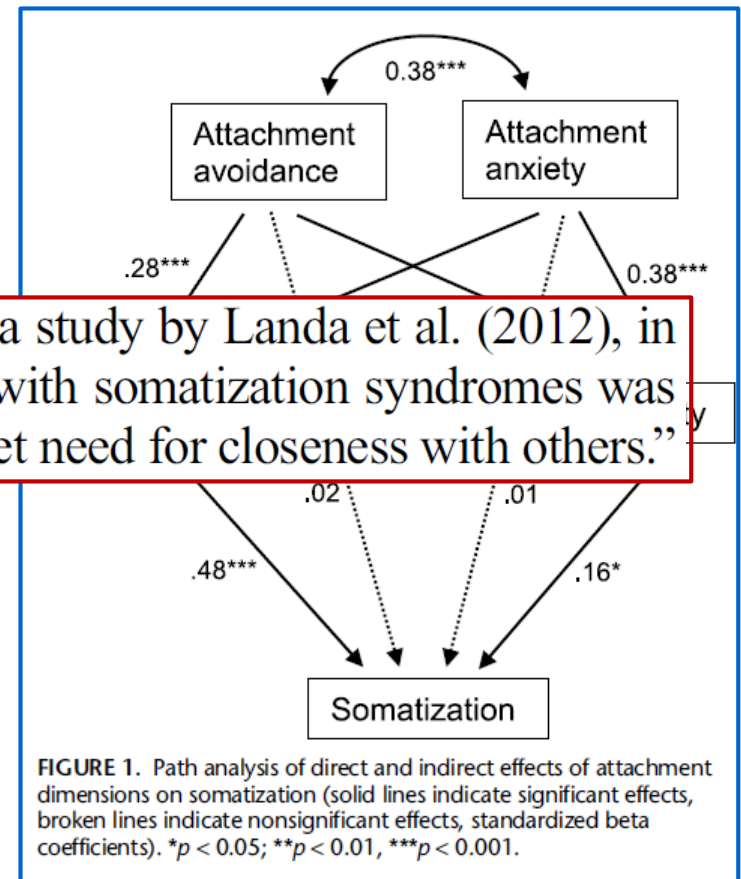
# What brings about change in PISO ?

- ▶ A look at what we have in PISO
  - ▶▶ Experiences in Close Relationships and Somatization in PISO patients
  - ▶▶ Attachment avoidance and anxiety are correlated with somatization –

This conclusion is in accordance with a study by Landa et al. (2012), in which the relational world of patients with somatization syndromes was found to be characterized by the “unmet need for closeness with others.”

an underlying interpersonal aspect also of patients with bodily distress

Neumann E,(...),Gündel H, Henningsen P, (...)  
JNMD 2015



# What brings about change in PISO ?

## ► Correlates/ predictors of change in PISO

Predictors of change I: Sociodemographic and clinical factors			
		Change	
		SF-36	p
		Health	
<b>Categorical predictors at baseline</b>		Survey PCS	
Soziodemographic			
Sex	Female	6.3 (8.4)	
	Male	4.6 (8.4)	0.33
Education (yrs.)	< 10	4.3 (8.3)	
	10-12	5.3 (8.7)	
	12+	9.4 (7.2)	0.09
Retirement (retired/ considered/applied)	No (58)	6.9 (7.9)	
	Yes (36)	3.2 (8.6)	<b>0.03</b>
		SF-36	p
		Health	
<b>Clinical</b>		Survey PCS	
Comorbidity	-2 (66)	6.7 (8.5)	
(PHQ, number of syndromes)	3+ (30)	3.3 (7.7)	0.06
Antidepressive medication	No (47)	7.7 (8.7)	
	Yes (49)	3.7 (7.7)	<b>0.02</b>

unpublished

# What brings about change in PISO ?

## ► Correlates/ predictors of change in PISO

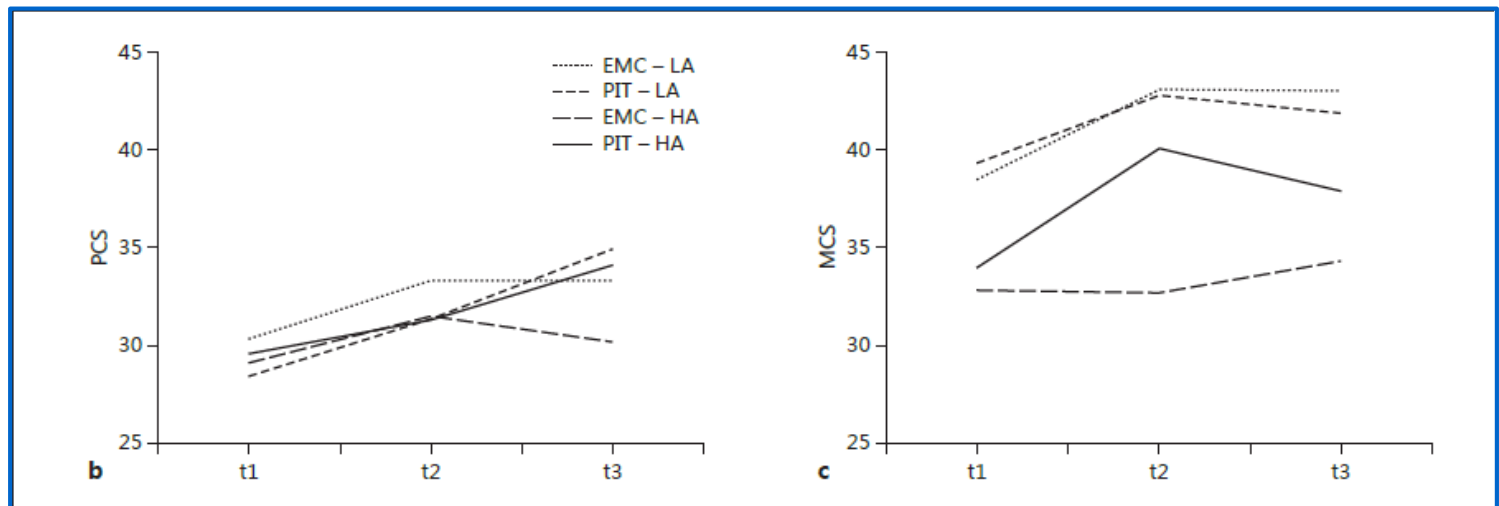
Predictors at baseline (controlled for age and initial level of PCS or somatisation. respectively) (correlation)	Improvement	
	PCS	p
Soziodemographic		
Age <sup>a</sup>	<b>-0.20</b>	<b>0.05</b>
Clinical		
Somatisation * (PHQ-15)	<b>-0.25</b>	<b>0.02</b>
Number of symptoms of som. Syndrom PHQ	<b>-0.34</b>	<b>0.01</b>
Somatoform Symptoms (SCID Interview)	-0.11	0.29
Duration of SCID Symptoms (yrs.)	-0.10	0.34
Depressivity (PHQ-9)	-0.16	0.14
Health anxiety (Whitely Index)	0.02	0.86
Alexithymia (TAS total score)	-0.12	0.24
Therapeutic alliance (HAQ)		
Quality of therapeutic relationship (according to patient. at the end of therapy)	-0.18	0.09
Global therapeutic success (according to therapist. at the end of therapy)	0.20	0.08

unpublished

## What brings about change in PISO ?

- ▶ Alexithymia as a moderator (i.e. differential predictor) of outcome

(Multilevel models for discontinuous change with full maximumlikelihood estimation and an unstructured variance-covariance matrix...)



## What brings about change in PISO ?

- ▶ And what about biological predictors/ moderators like Heart Rate Variability?

		Psychotherapy Group (N = 57)	Enhanced medical care group (N = 49)
		Change PCS (improvement)	Change PCS (improvement)
Heart Rate (bpm)	Corr	-.27	.01
	Sig	.05	.93
(ln) RMSSD (ms <sup>2</sup> )	Corr	.23	.16
	Sig	.09	.29
(ln) HF-HRV (ms <sup>2</sup> /Hz)	Corr	.30	.10
	Sig	.03	.52

(Parameters measured at baseline in Stress Condition (Stroop Color Word Test))

Angelovski A,(...) Henningsen P (...).  
J Psychosom Res 2016



## Conclusions

- ▶ Psychodynamic **treatment rationale** for treating bodily distress has changed
  - ▶▶ from bodily symptom as expression of psychological conflict/ distress to bodily distress as embodied and interpersonally embedded mode of (dys-) functioning

## Conclusions

- ▶ Short term psychodynamic-interpersonal treatment of pain-dominant multisomatoform disorder (**PISO trial**)
  - ▶▶ appears to be effective for bodily quality of life at follow up even in chronically disabled patients without bias for psychological approaches
  - ▶▶ prepares patients for further psychotherapy (if needed)

Thank you from Munich !



[p.henningsen@tum.de](mailto:p.henningsen@tum.de)