

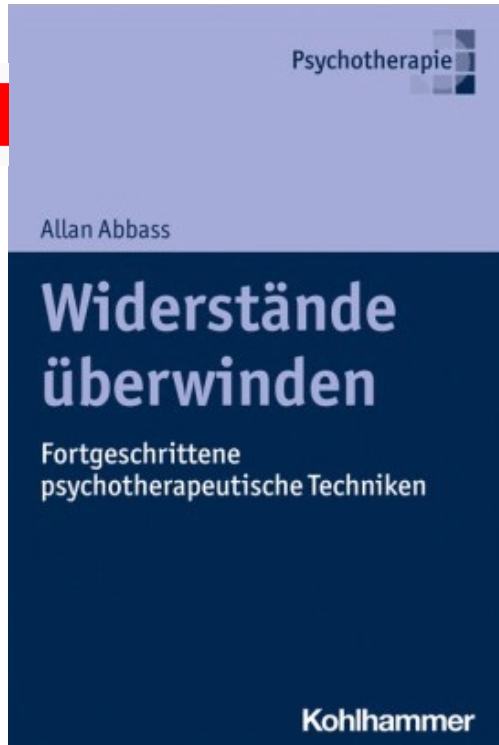


# *ISTDP for Functional Somatic Disorders*

*Allan Abbass*



# Reaching through Resistance also in German, Italian and French



<https://shop.kohlhammer.de/widerstaende-uberwinden-37555.html#147=11>



<https://amzn.eu/d/dnHfgDr>



<https://a.co/d/gjhpRXp>

Fragile Case rounds: 3.5 hours  
monthly detailed video case study of  
a complete treatment course of a  
fragile patient

- <http://reachingthroughresistance.com/wp-content/uploads/2024/06/SEPT-FRAGILE-ROUNDS-AGREEMENT-2024-1.docx>

Identifying and feeling Guilt is the key to:

- Capacity building
- Symptom removal
- Opening the unconscious
- Healing attachment trauma

**GUILT**



# Functional Somatic Disorders- FSD

- Broad spectrum of conditions
- Affect each body system
  - Musculoskeletal
  - Dermatological
  - Respiratory
  - Cardiovascular
  - Gastrointestinal
  - Genitourinary
- Can be with structural disease or alone
- Can worsen existing structural disease or confuse the picture

# The burden of Functional Somatic Disorders

- Vast array of medical conditions and presentations are functional
- Up to half of Family Doctor visits
- 50% of medical-surgical consultations
- At least 1/6 of Emerg visits: 75% of chest pain, 89% of abdominal pain (Halifax study)
- Disability Costs: massive
- Doctor burnout linked to work with MUS and other traumatized populations

# ISTDP Evidence in MUS/ PPD/FSD

- Over 50 published outcome studies
- Urethral Syndrome/ Pelvic Pain, Back Pain, Functional Movement Disorders, Chronic Headache, Pseudoseizures, Chronic Pain, Irritable Bowel Syndrome, Mixed MUS, Atopic Dermatitis, Bruxism, Functional Neurological Disorders
- Effects are sustained or increase in follow-up (Town and Driessen 2013)
- Outperforms CBT for Chronic Pain (Abbass et al, 2022)
- Emotional focus is important in patient outcomes (Town et al., 2019)

# ISTDP for Chronic Pain Abbass et al, 2022

**Table 2:** Meta-analyses of Studies Examining the Effects of ISTDP for Pain

Comparison	# Studies	SMD [95% CI]	Significance
<b>Pre to &lt; 3 months Post ISTDP</b>			
Pain	5	-2.83 [-4.83, -0.82]	0.006
Depression	5	-2.49 [-4.39, -0.58]	0.001
Anxiety	5	-1.42 [-2.18, -0.66]	0.0002
General symptoms	4	-1.71 [-3.27, -0.15]	0.03
Interpersonal problems	3	-0.66 [-0.88, -0.44] (a)	0.0009
<b>Pre to 3-6 months Post ISTDP</b>			
Pain	3	-2.86 [-4.61, -1.12]	0.001
Depression	4	-3.41 [-5.58, -1.24]	0.002
<b>ISTDP versus CBT &lt; 3 months Post Treatment</b>			
Pain	3	-1.65 [-3.09, -0.20]	0.03
Depression	3	-0.98 [-2.06, 0.10]	0.08
<b>ISTDP versus CBT 3-6 months Post Treatment</b>			
Pain	3	-1.37 [-2.91, 0.18]	0.08
Depression	3	-1.03 [-1.77, -0.29]	0.006

We will focus on unconscious emotional drivers of Functional Somatic Disorders



BOND  
With  
Parents

Trauma

PAIN  
FEAR

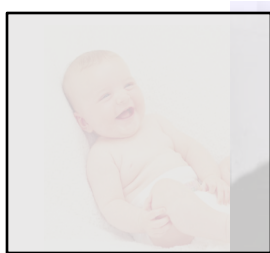


BOND  
With  
Parents

Trauma

PAIN  
FEAR

Rage, Guilt  
about the Rage



BOND  
With  
Parents

Trauma

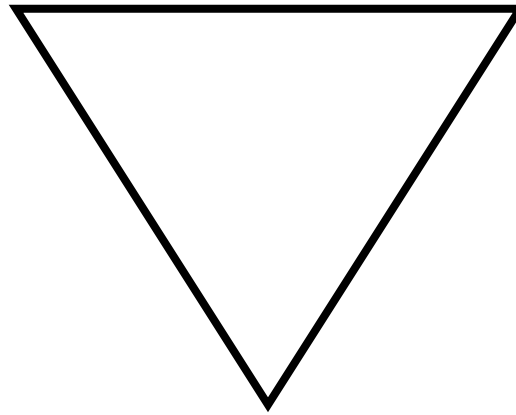
PAIN  
FEAR

Rage, Guilt  
about the Rage

Intergenerational  
Transmission of Trauma

Somatic Symptoms  
Character Disorder  
Other Symptoms

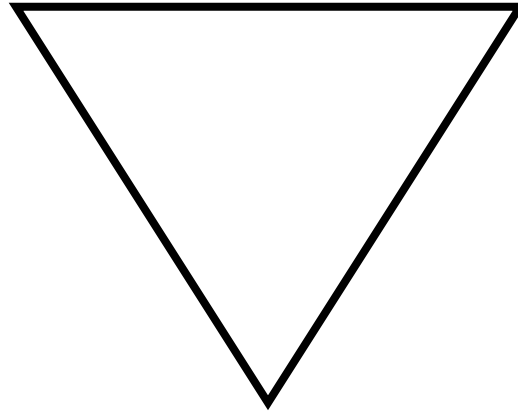
Transference  
(Therapist)



Current  
person

Past  
person

Unconscious  
Defense

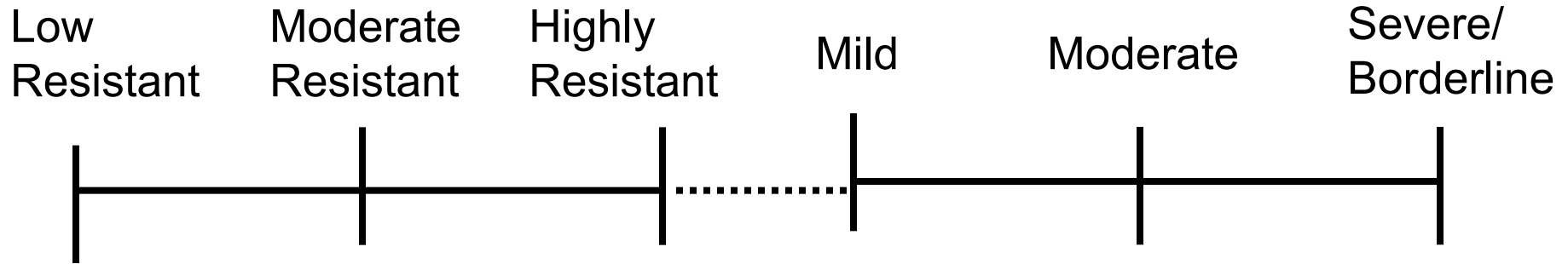


Unconscious  
Anxiety

Unconscious  
Impulses & Feelings

## 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

# Major Resistance: 4 Types

- Isolation of affect: see with voluntary muscle anxiety
- Repression: see with smooth muscle anxiety and conversion
- Primitive Defense: See with cognitive-perceptual disruption
- Resistance of Guilt: Punitive Superego: need to defeat and sabotage

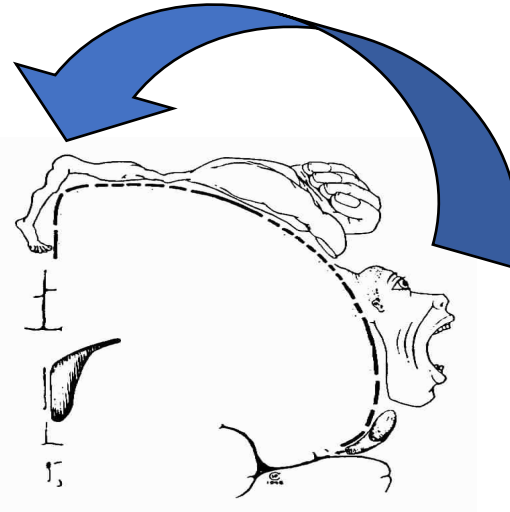
# Tactical Defense

- Minor defenses
- Aim to divert the therapist
- Are not tightly held
- Can usually either ignore them to block them easily unless they are linked into the major resistances

# Unconscious Anxiety

# Striated Muscle Pathway

- **Hands Clench**
- Arms
- Shoulders, Neck
- Intercostal: **Sighs**
- Legs and Feet



→ Rheumatology, Orthopedics, General Surgery

- Fibromyalgia, MSK pain anywhere, Headache, chest pain, shortness of breath, Hyperventilation

# Smooth Muscle Pathway

- Gastrointestinal
- Vascular: eg migraine
- Coronary Arteries
- Bronchi
- Bladder (transitional muscle)
- -> Acute or chronic spasm and pain plus end organ effects
- Patient looks “relaxed”= Not Tense

→ GI, Respiratory, CV, Urology

# Cognitive-perceptual Disruption

- Losing track of thoughts, poor memory, fainting
- Visual blurring, tunnel vision, blindness
- Hallucination in all 5 senses
- Anesthesia, paresthesia
- Body Image Distortion

→ Neurology and Psychiatry

# Motor Conversion

- With a rise in rage and guilt, instead of becoming tense, the person becomes weak in the body in one or more areas.
- When conversion is active, there is no unconscious anxiety in the striated muscles
- → the person is quite relaxed though cant lift arms etc.

# Complex Transference Feelings (CTF)

- Complex feelings mobilized in therapy linked to the past bond, trauma, pain, rage and guilt about rage.
- Includes deep appreciation and irritation toward the therapist (T) because of the challenge to resistance

# Unconscious Therapeutic Alliance (UTA)

- This is an 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

Mid Rise  
in Complex  
Transference  
Feelings

High Rise  
in Complex  
Transference  
Feelings

Partial  
Unlocking

Major  
Unlocking

**R** >> UTA

Whispers from  
the UTA:  
concise  
understanding

**R** > UTA

Negation +  
Vivid  
Dreams

**R** < UTA

Rage, Grief:  
Clear  
Linkages

**R** << UTA

Rage and  
Guilt: Image  
Transfer

# Somatic Pathways of Emotions

- Love: rising warmth, urge to smile and embrace
- Rage: rising heat/energy up chest to head then down arms: tension, anxiety and symptoms drop or stop
- Guilt about rage: Hard solid waves, pain in upper chest. Feel as if, for example, have just murdered loved one.



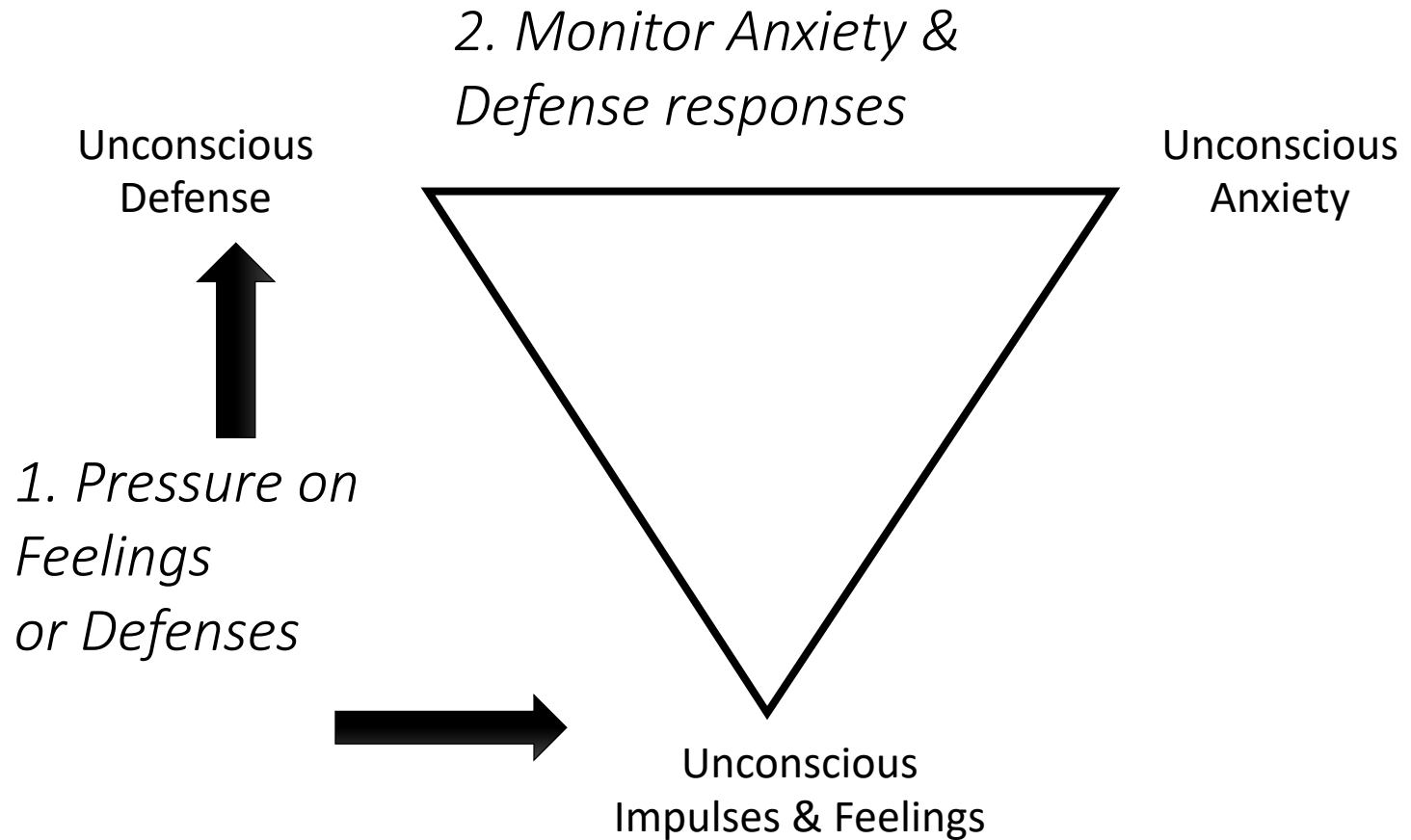
- Grief: tears, painful feeling in chest. Waves not as hard and distinct as guilt. Not as loud or painful.



# Barriers to engagement

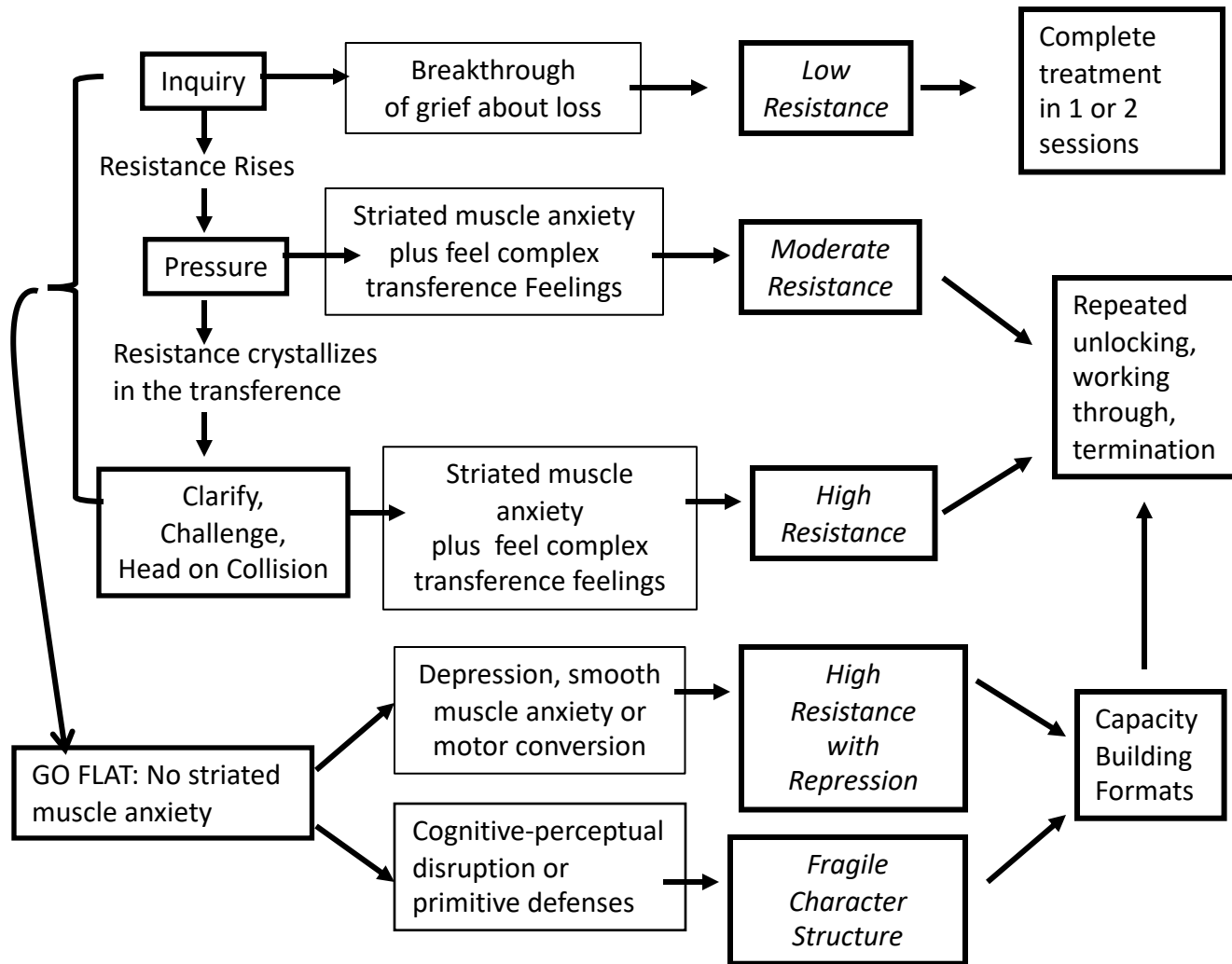
- Barriers to collaborative engagement must be undone to see anxiety and defense manifestations
- Conscious resistances must be addressed by a conversation and conscious decision making by the patient
- Examples:
  - No internal problem: blame the environment or body
  - Forced to be there by doctors or others
  - Procrastination
  - Defiance: Don't want to deal with it
  - Suicidal intention

# Psychodiagnosis



# STEP 3: Psychodiagnosis: 6 responses

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



*Low  
rise*

Therapist

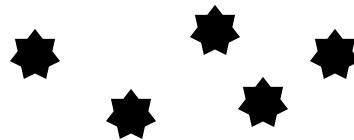


Patient

No UTA

*Mid  
rise*

Therapist



Patient

UTA Whisper

*High  
rise*

Therapist



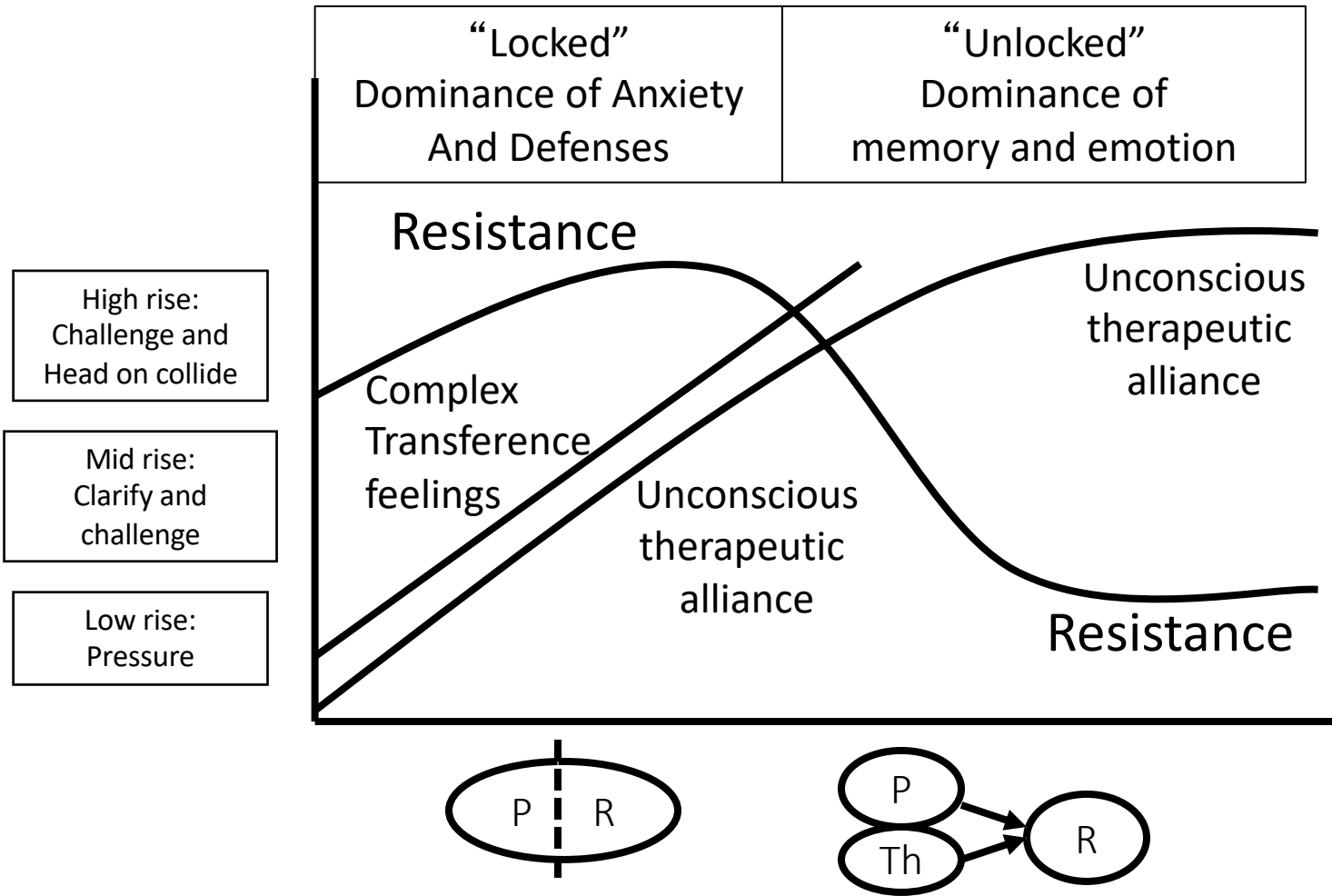
Patient

UTA Negation

★ = Defense

# Unlocking the unconscious

- Pressure → Rise in CTF anxiety and defenses
- Defenses crystallize in the room: clarify and challenge
- Resistance rises more →
- Confront with reality of the situation with head on collision
- Triggers passage of Complex Transference Feelings →
- Dominance of the UTA
- → Direct Access to the unconscious



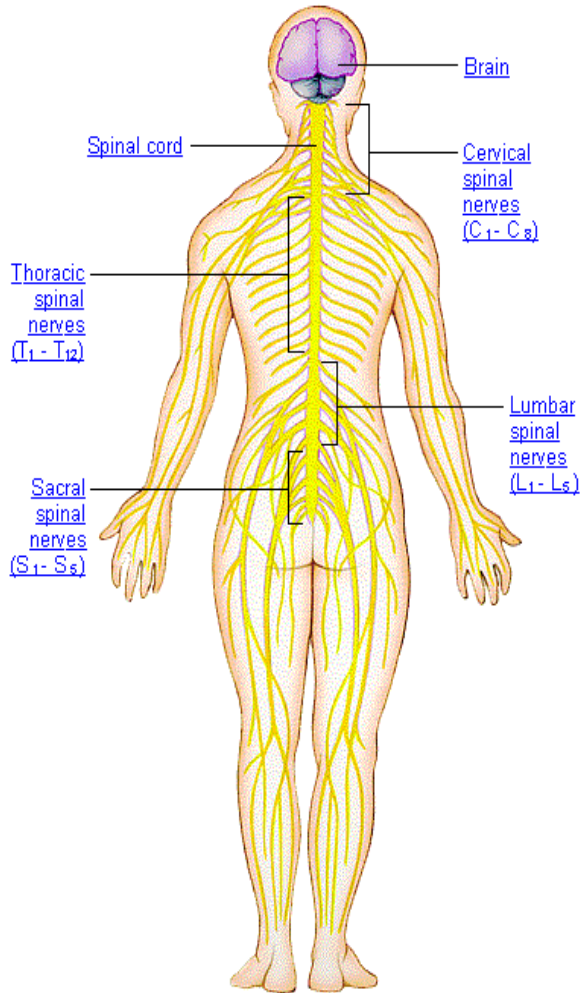
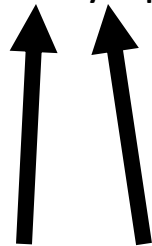
Resistance= Inhibitory brain processes

UTA= memory and emotion processes and drive to heal

Symptom and health outcomes better when there is unlocking vs when there is not

↓ ↓  
Striated Muscle  
Anxiety  
Goes Down Body

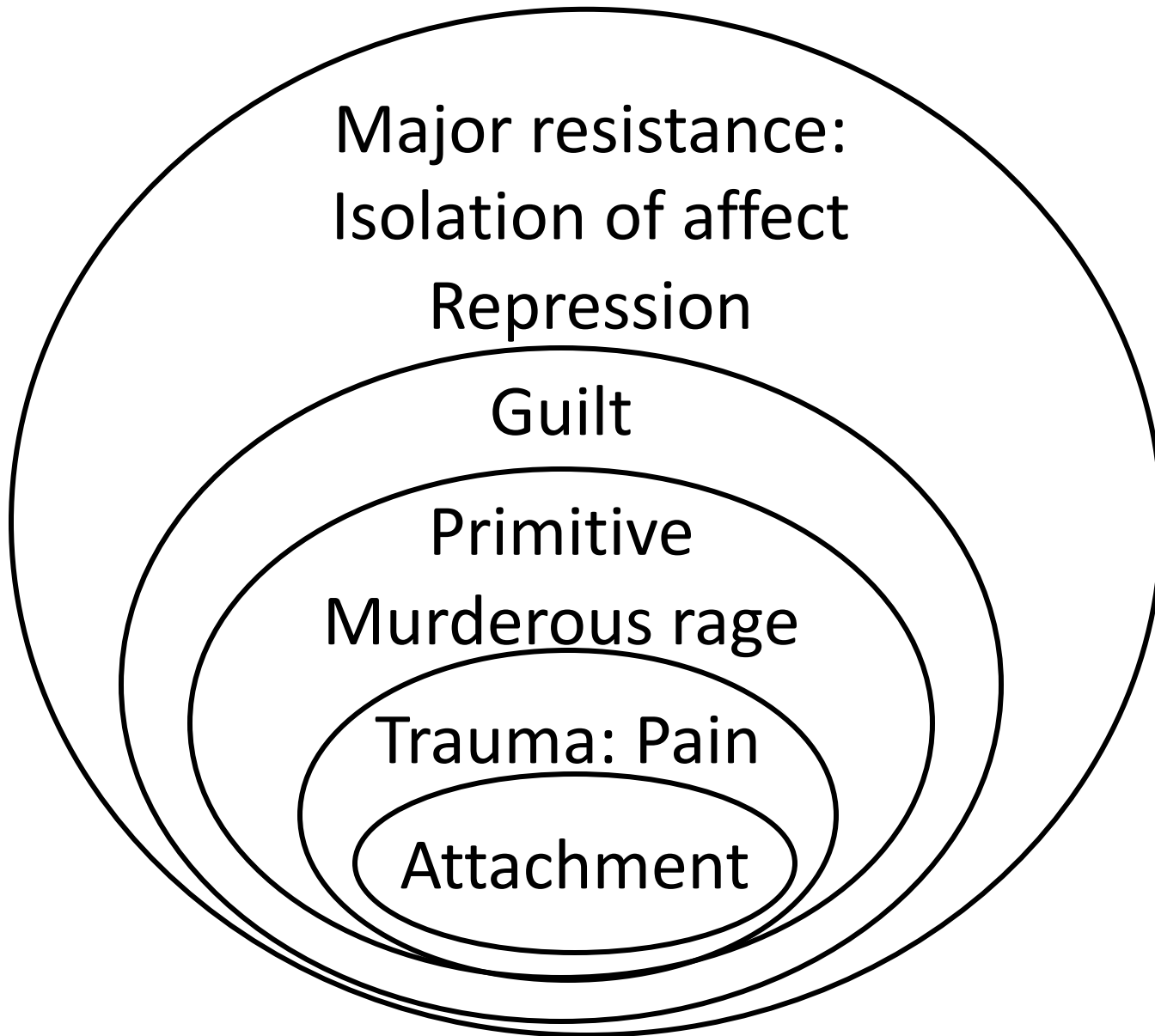
Neurobiological  
Pathway of  
Rage: goes up same  
system reducing  
or removing  
Somatic symptoms

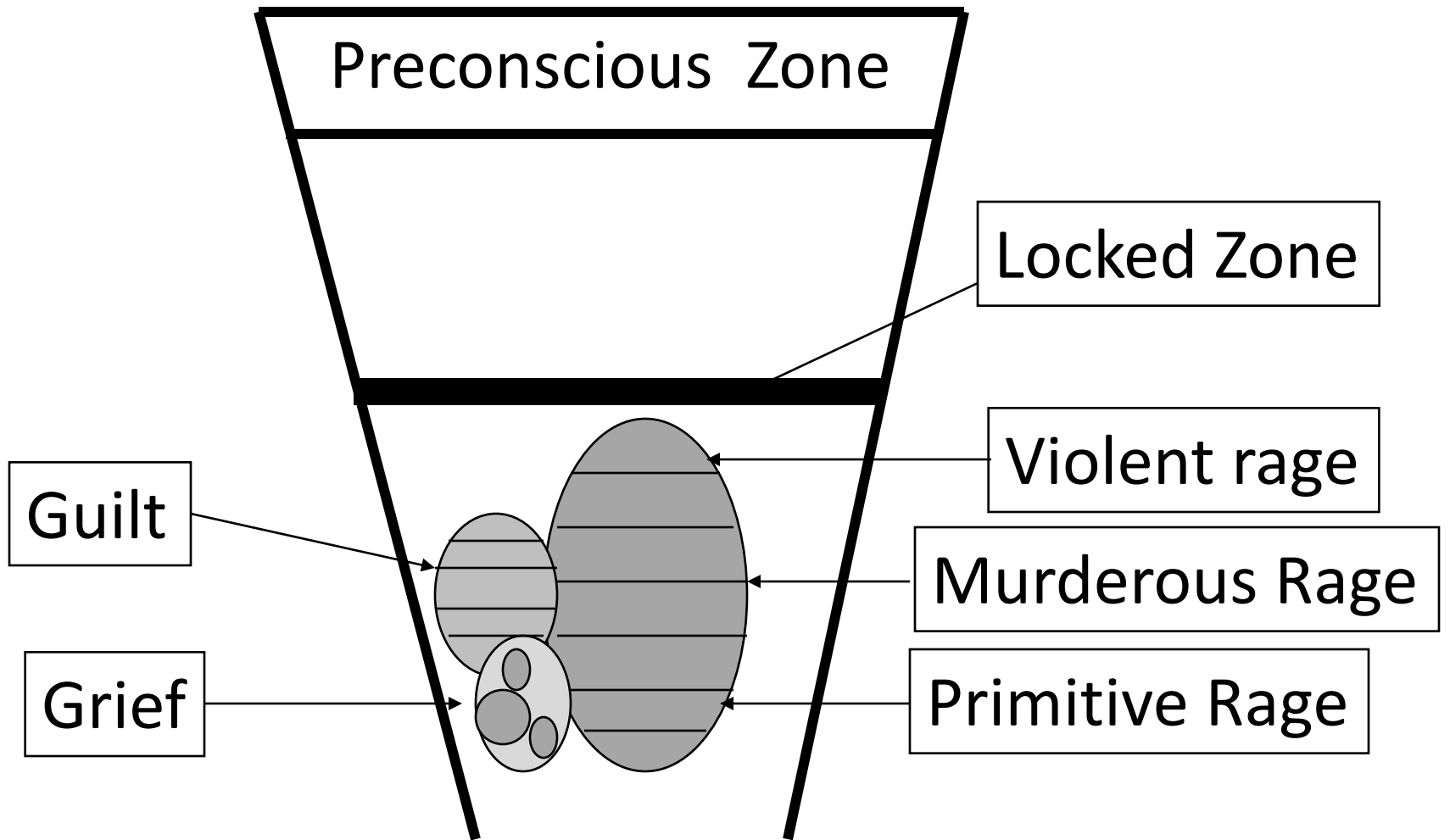


AMA Atlas online

# Resistant Patients with Repression

- Trauma can be as early as age 1 to age 4
- Chronic self defeating character defenses
- Episodic or chronic depression
- Relationship problems
- Can have substance abuse, eating disorders etc
- Can have various symptoms and somatic disturbances
- Can have “projective identification” related to rage in the unconscious: sympathy symptoms





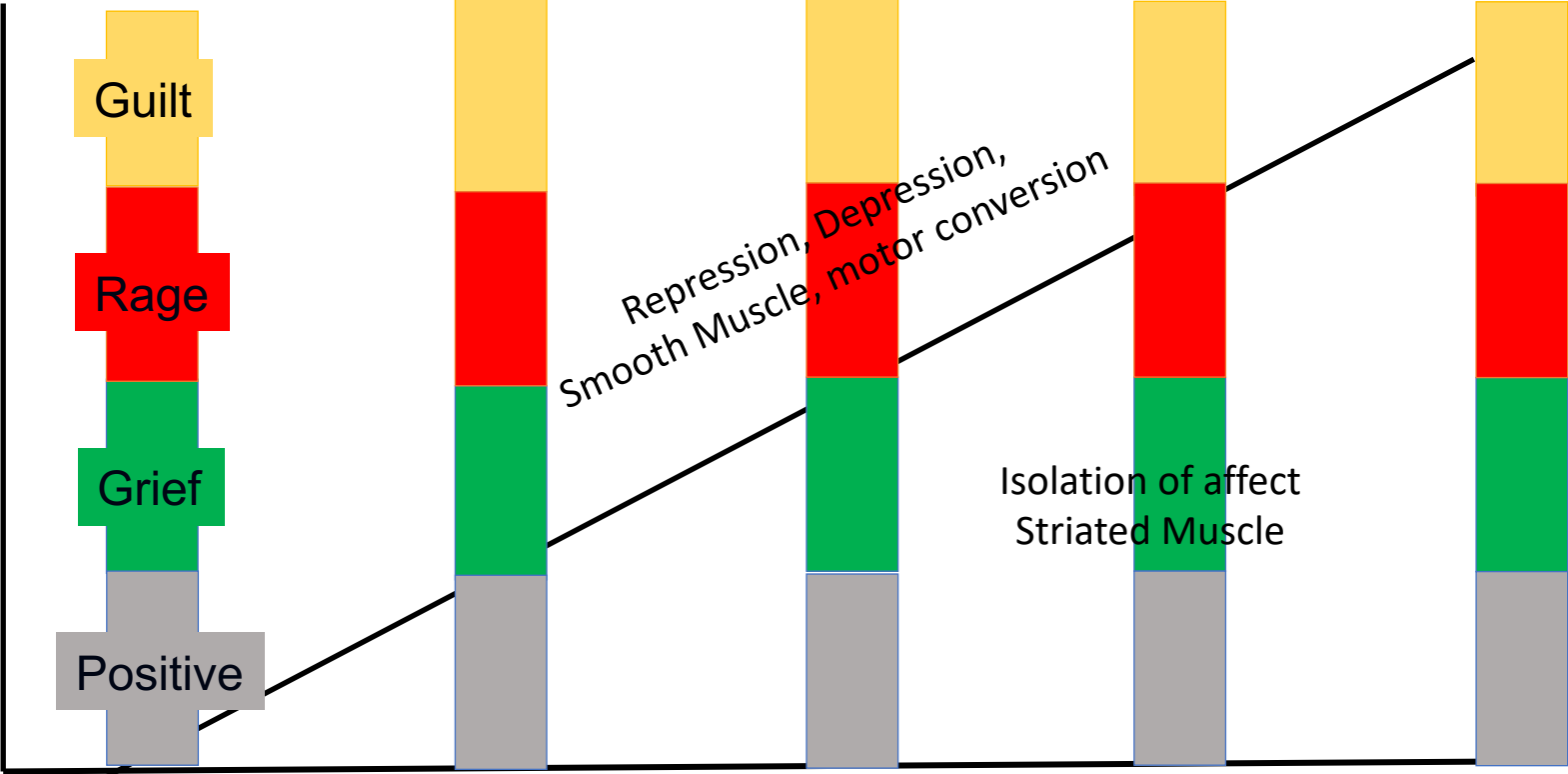
MAXIMUM  
UTA →→→

$R \gg UTA$   
Mid Rise.  
Whispers from  
the alliance:  
concise  
understanding  
of dynamics

$R > UTA$   
High rise.  
Negation,  
slips of the  
tongue

$R < UTA$   
Partial  
Unlocking.  
Rage, grief:  
clear linkages

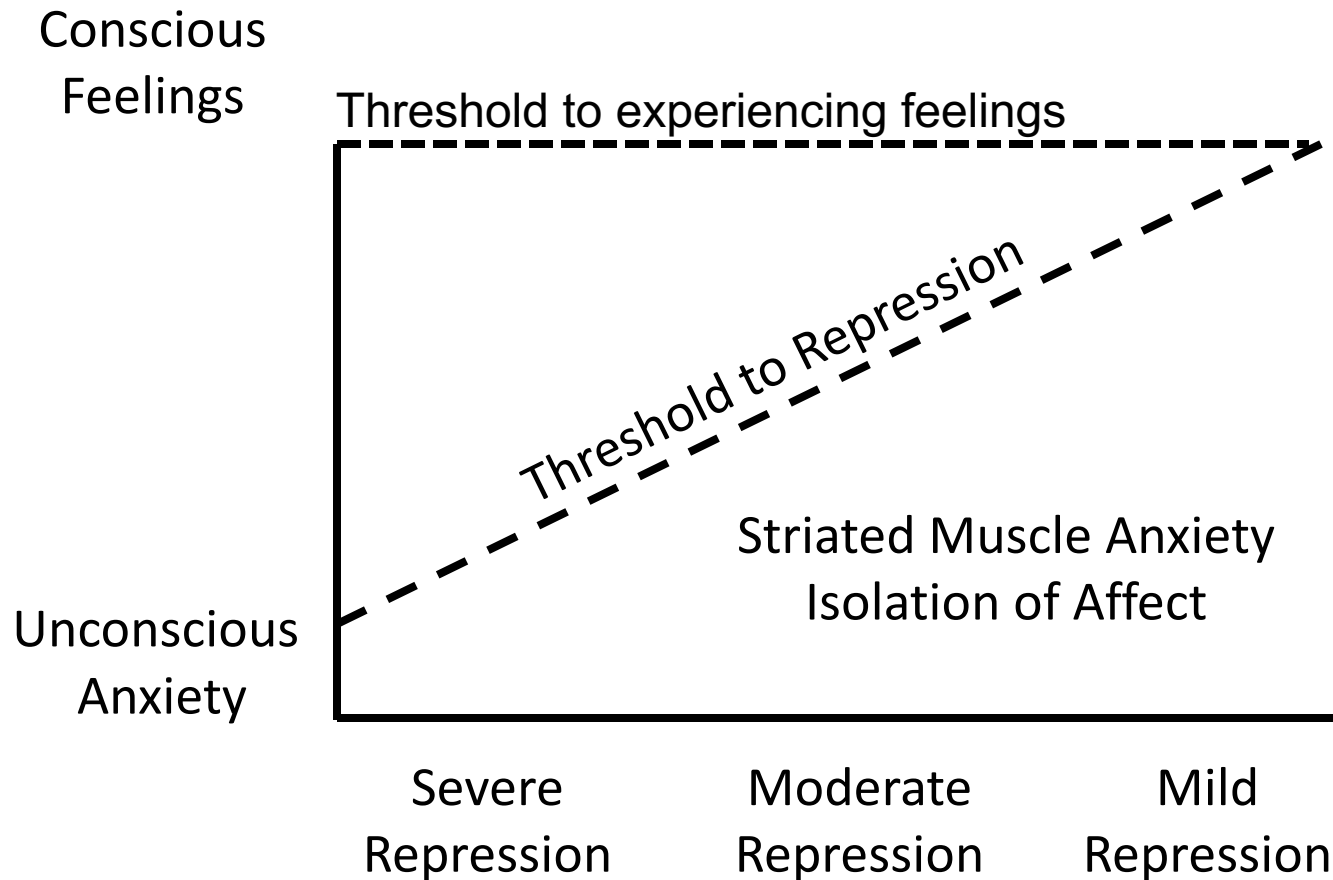
$R \ll UTA$   
Major  
Unlocking Rage  
and Guilt:  
image transfer

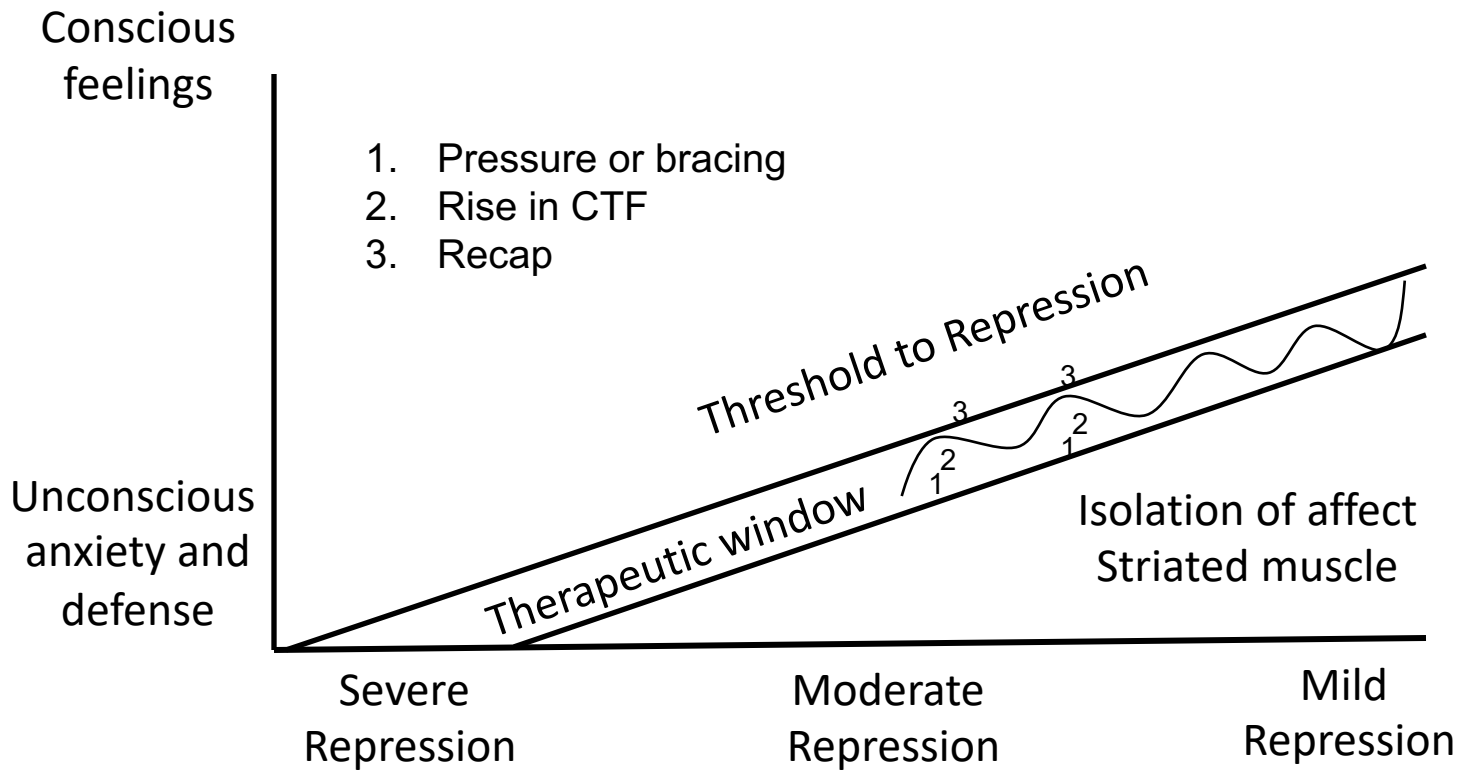


Severe Repression

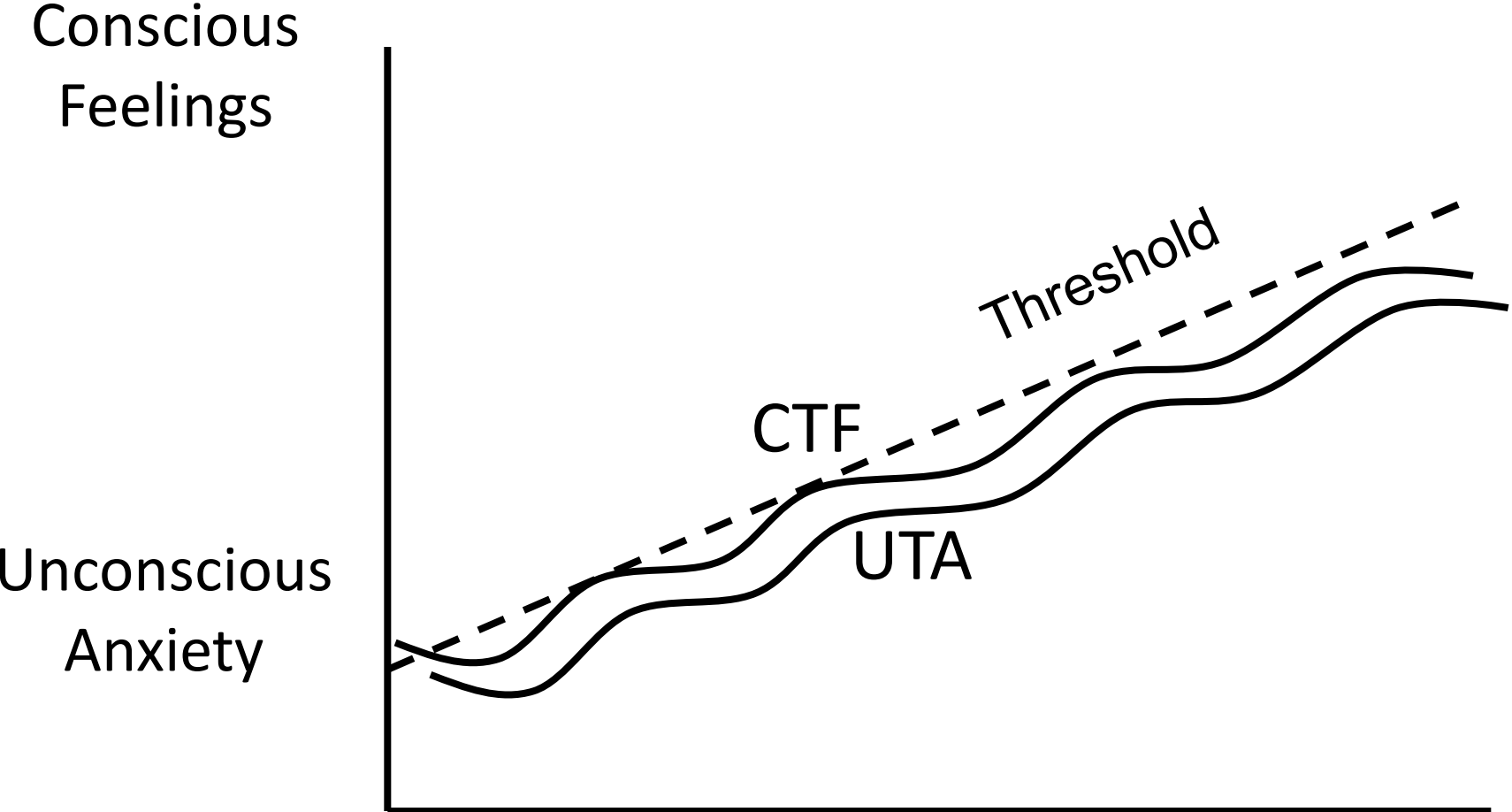
Moderate Repression

Mild Repression





# UTA RISES WITH CTF



# Repression Case

- 50 year old divorced man
- Long term disability
- Problems with ex wife and custody
- Disconnect from family
- Irritable bowel, headaches, muscle weakness
- Chronic depression
- Chronic self attack and suicidal ideation
- Sessions 1 graded breakthrough, 4: guilt experience to remove symptoms

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

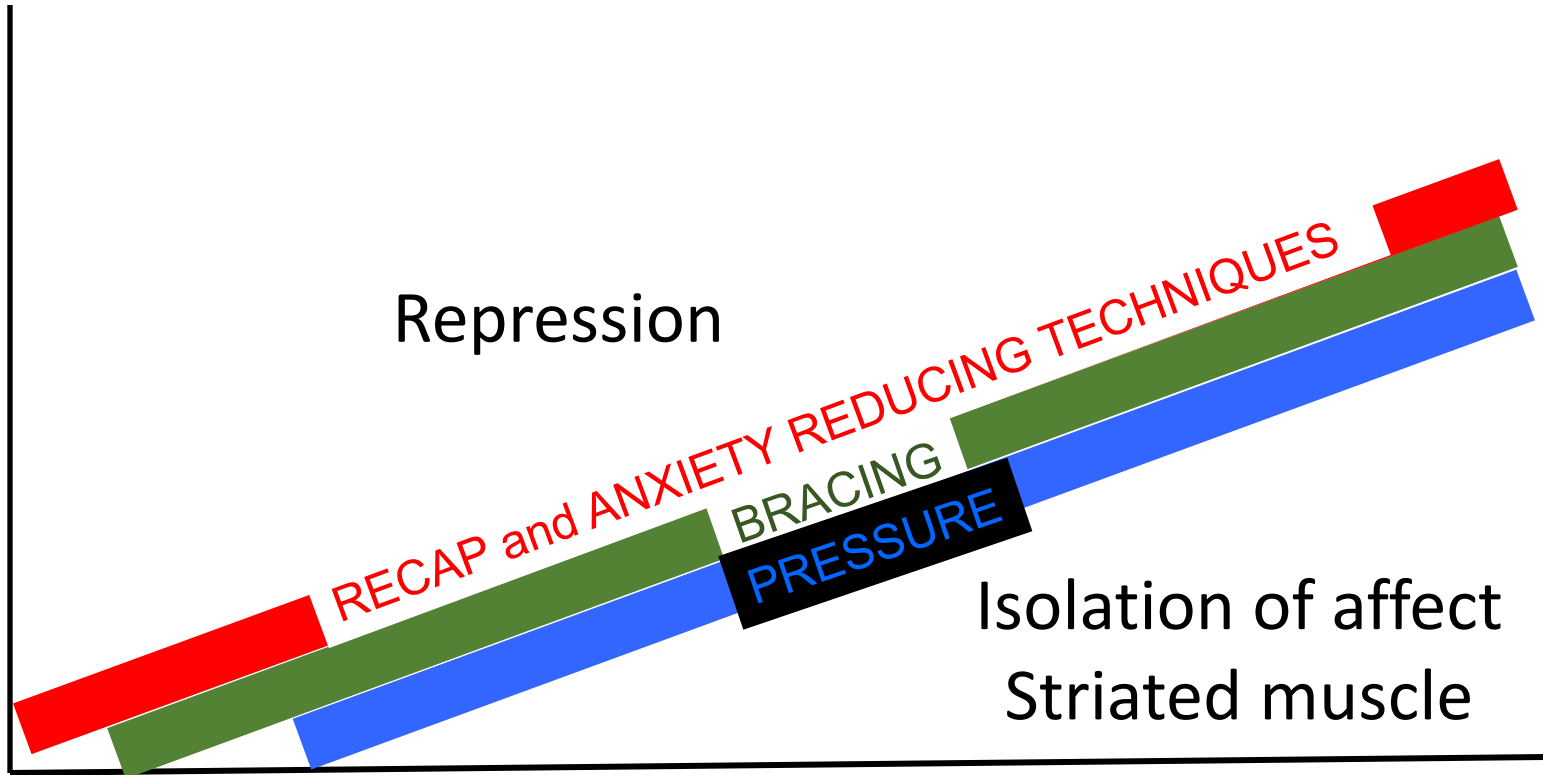
Self-reflect

Link phenomena  
Observe the body  
Observe thoughts

Fire brain self-  
reflective centers

Conscious feelings

Unconscious anxiety and defense



Repression

RECAP and ANXIETY REDUCING TECHNIQUES

BRACING  
PRESSURE

Isolation of affect  
Striated muscle

Severe  
Repression

Moderate  
Repression

Mild  
Repression

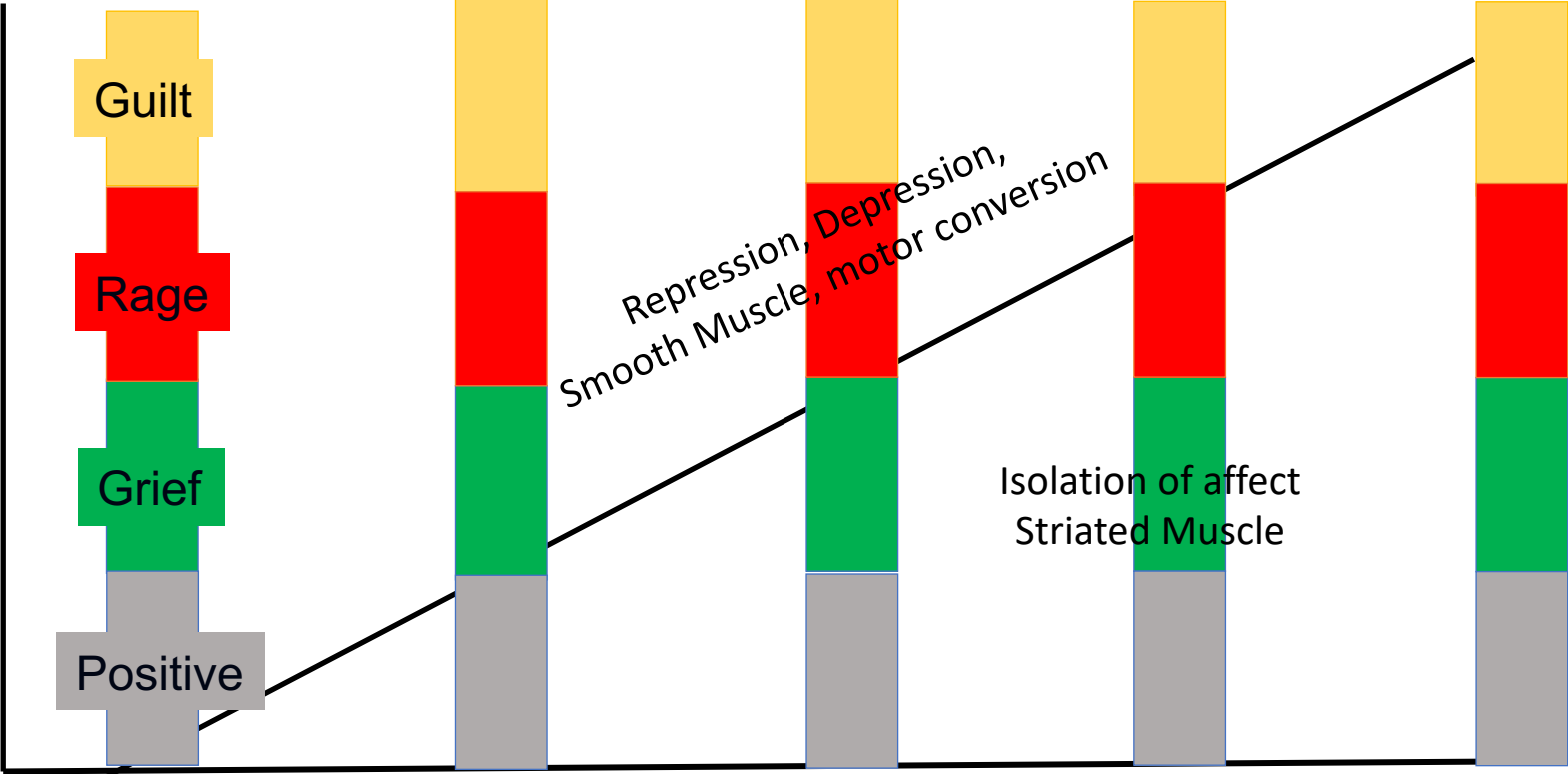
MAXIMUM  
UTA →→→

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Whispers from  
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clear linkages

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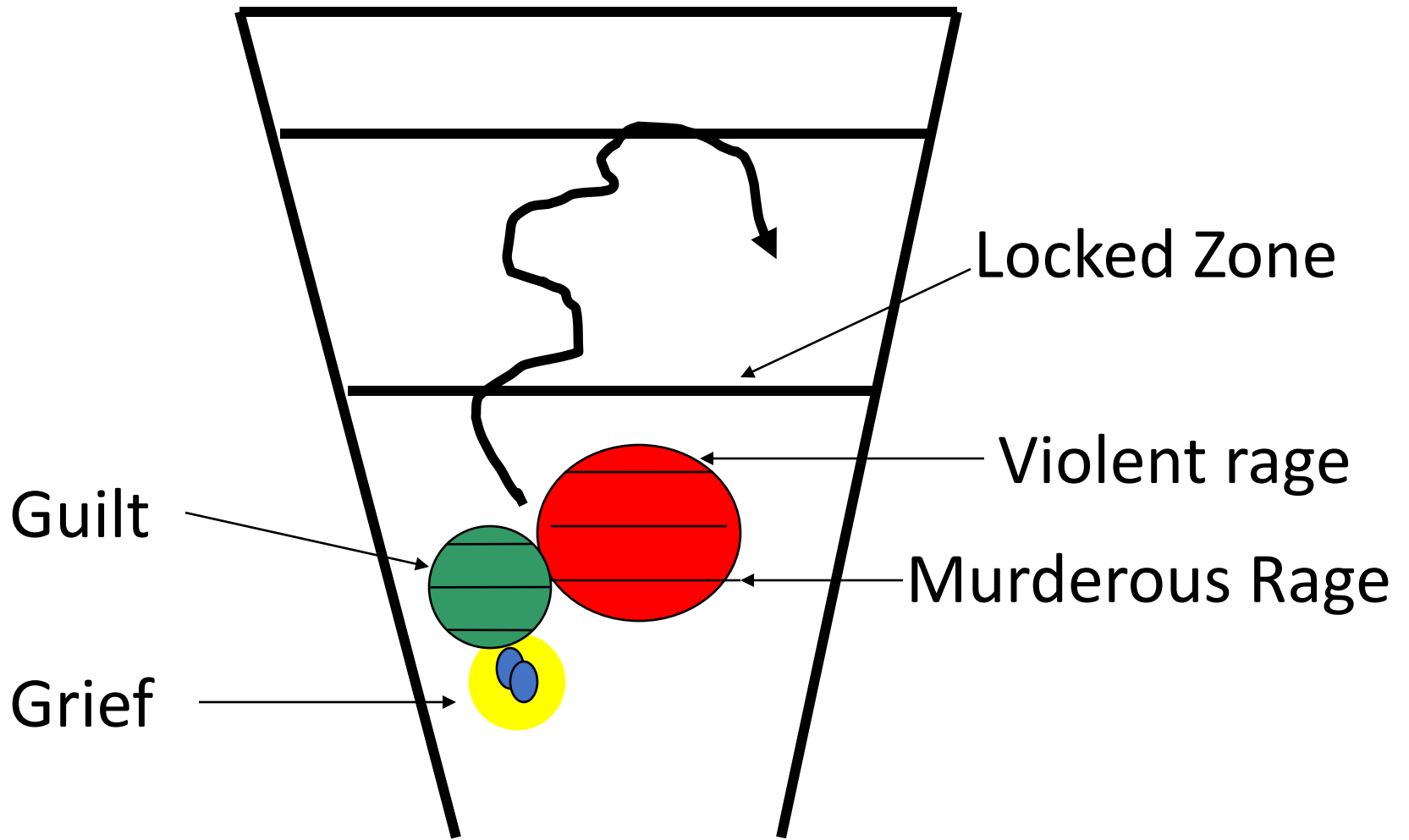
Severe Repression

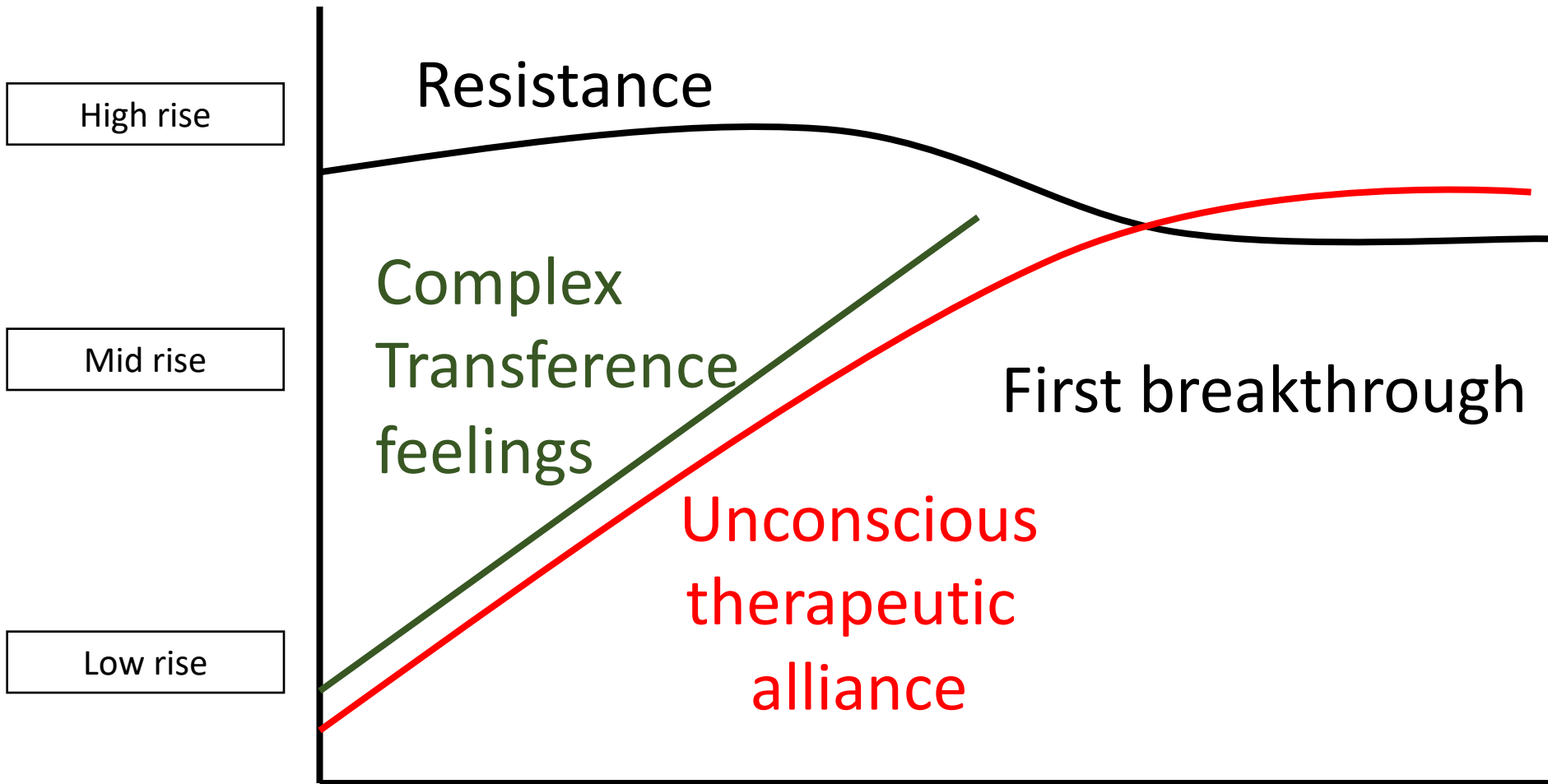
Moderate Repression

Mild Repression

# 1<sup>st</sup> Breakthrough

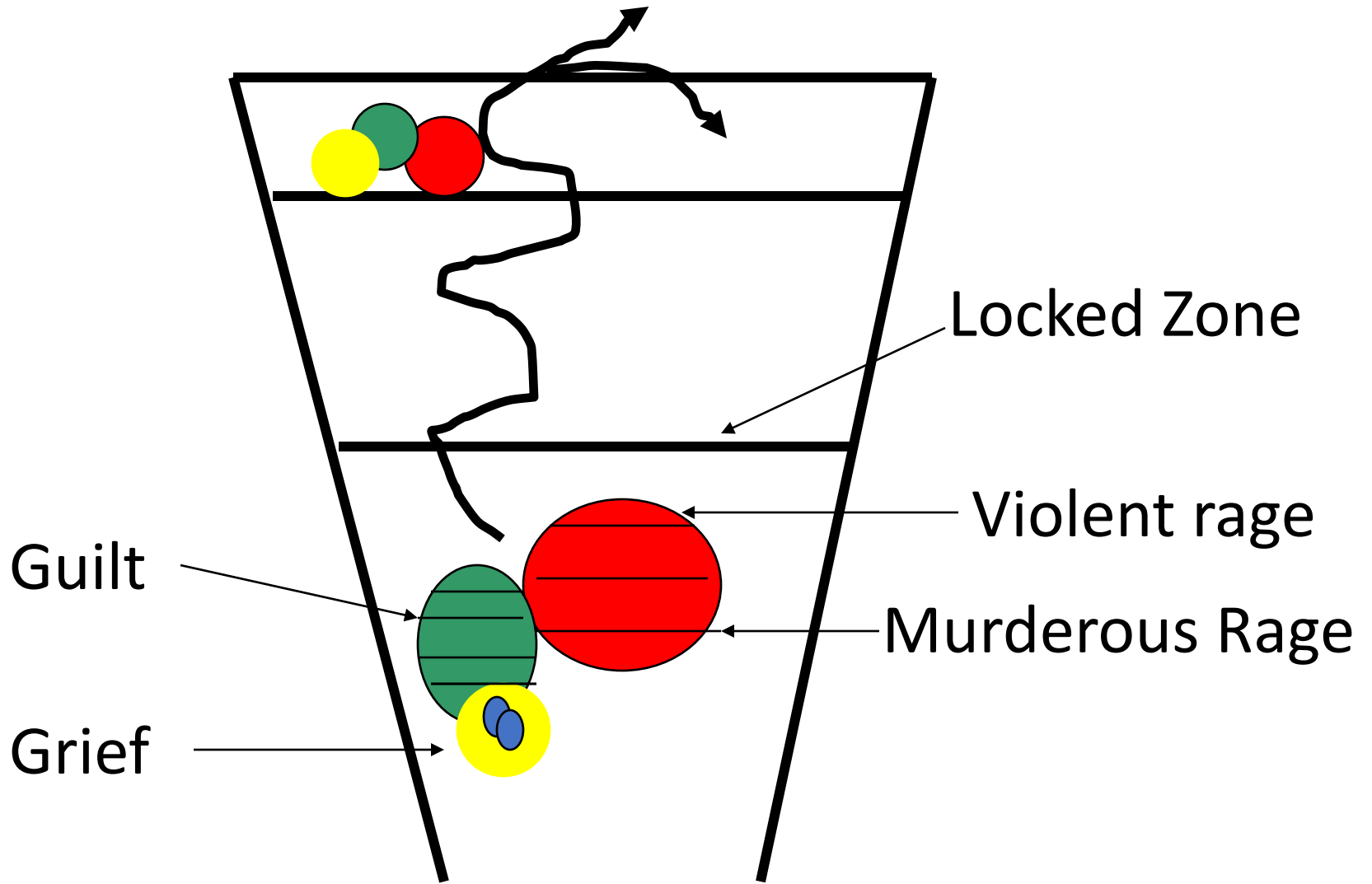
- CTF are mobilized to the preconscious zone
  - Most of what breaks through is grief
  - Maybe grief about the defenses → dystonic
  - Rage and guilt go back down
- 
- Anxiety and defences drop somewhat
  - UTA has small advantage
  - Link to past or recent past unconscious feelings



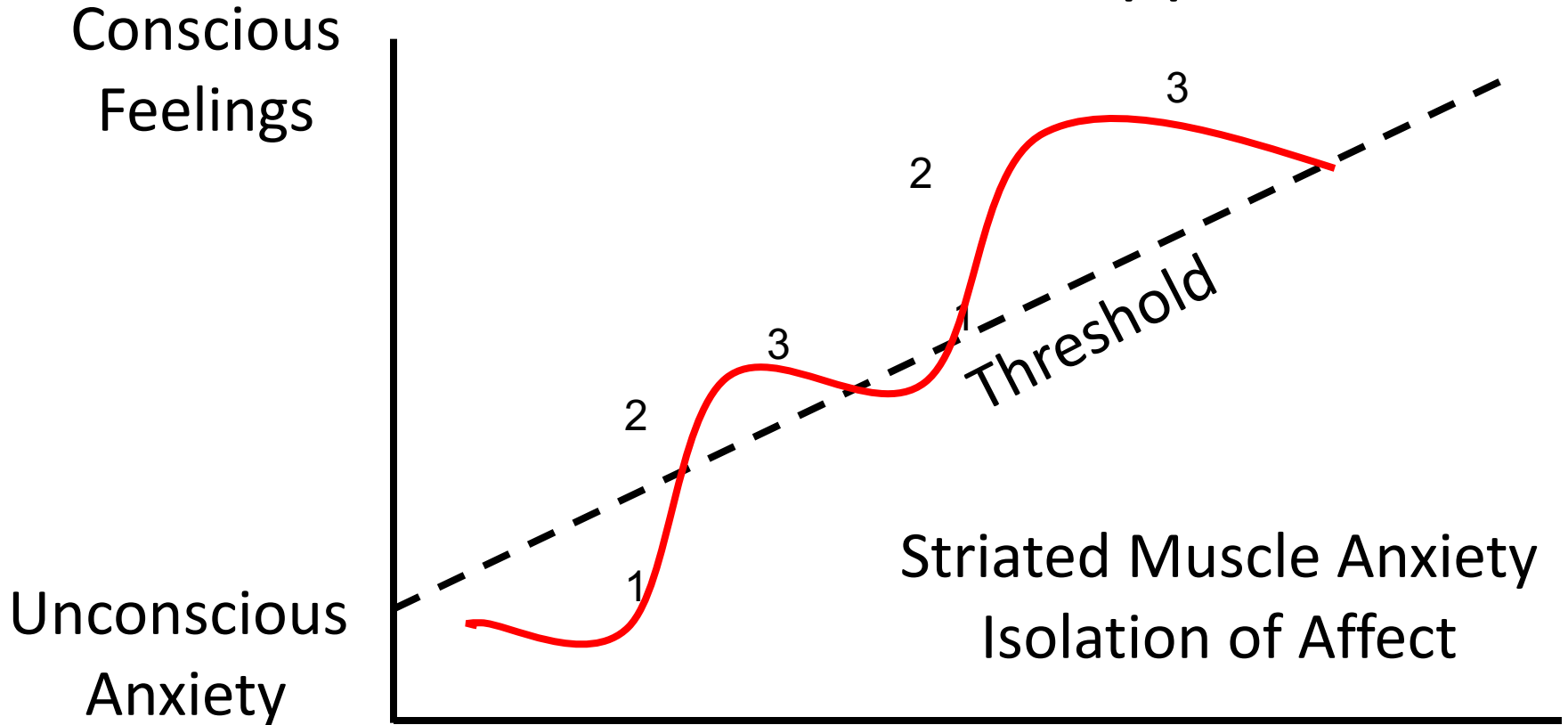


# Partial Unlocking of the Unconscious

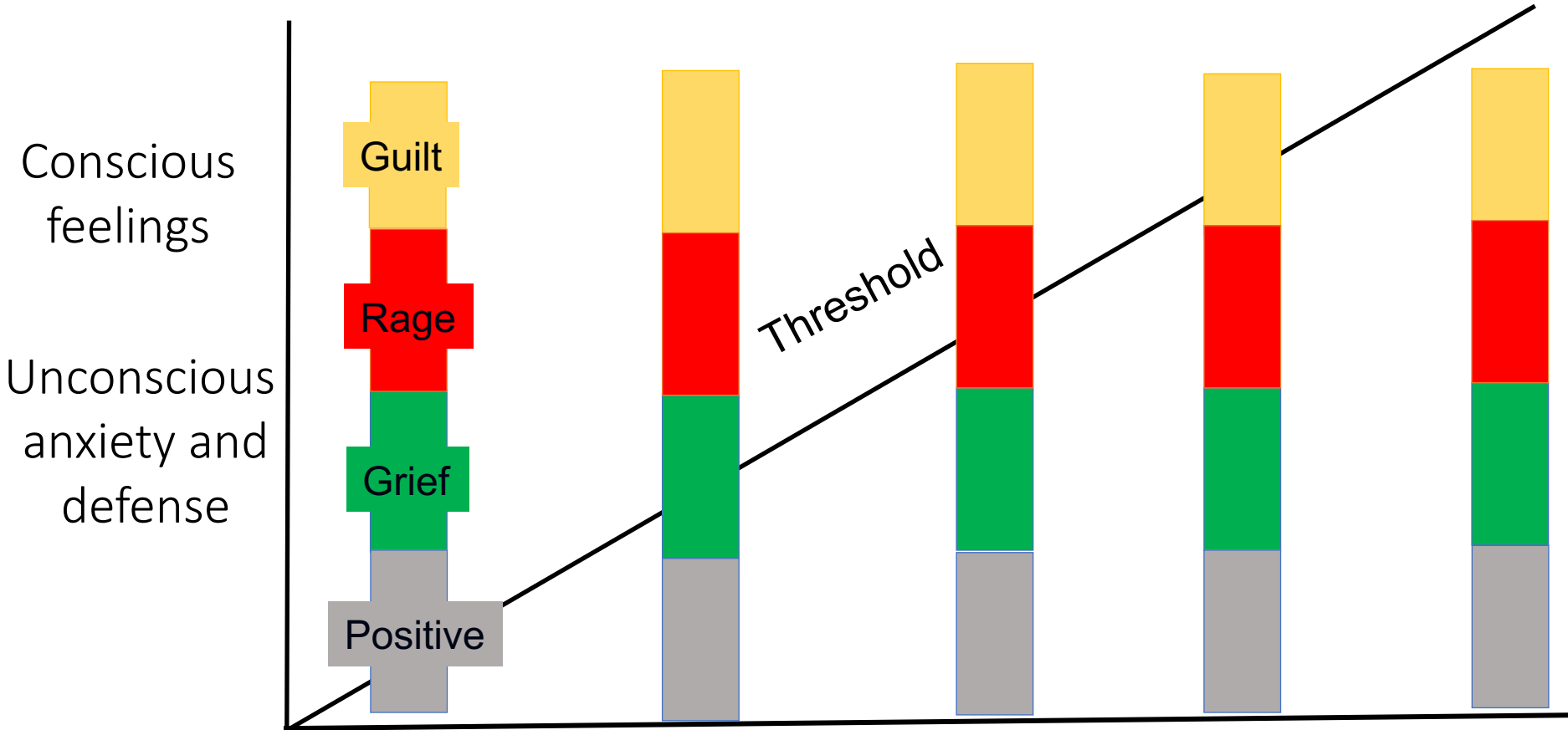
- CTF are mobilized and all aspects are partly experienced
- Rage and guilt partly experienced
- Anxiety and defences drop in proportion
  
- UTA give clear link or image of person from the past



# Guilt Immersive Approach



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



Over treatment course, the patient can tolerate more intense layers of these complex feelings in a typical sequence from positive feeling/grief to rage and finally guilt. We can accelerate these steps through these interventions.

# Fragile Character Structure

# FND Spectrum

Striated:  
Tremors, Tics, spasm

Repression: Blood  
pressure changes  
and motor conversion

Cognitive perceptual Disruption:  
Confusion, Seizures, loss sensation

Spectrum of  
Psychoneurotic Disorders

Spectrum of Patients with  
Fragile Character Structure

Low  
Resistant

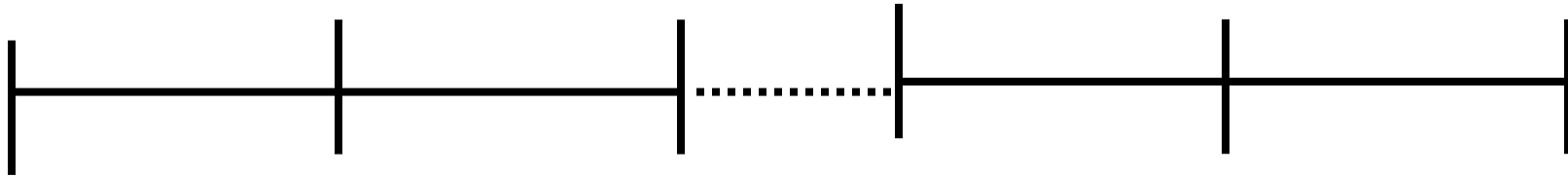
Moderate  
Resistant

Highly  
Resistant

Mild

Moderate

Severe/  
Borderline



Striated Muscle + Isolation of affect

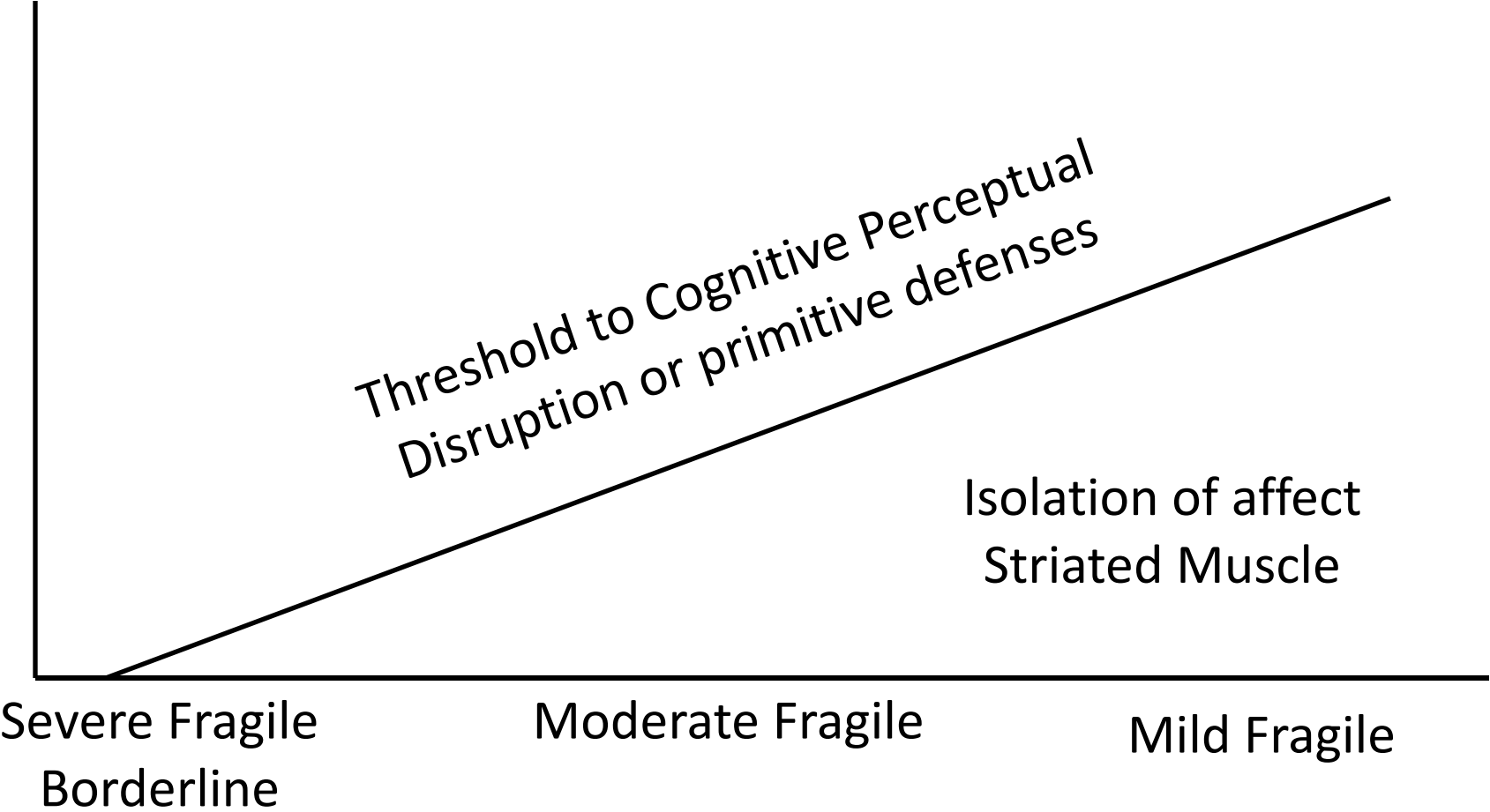
Smooth Muscle/Conversion + Repression

Cognitive-Perceptual Disruption +  
Primitive Defenses

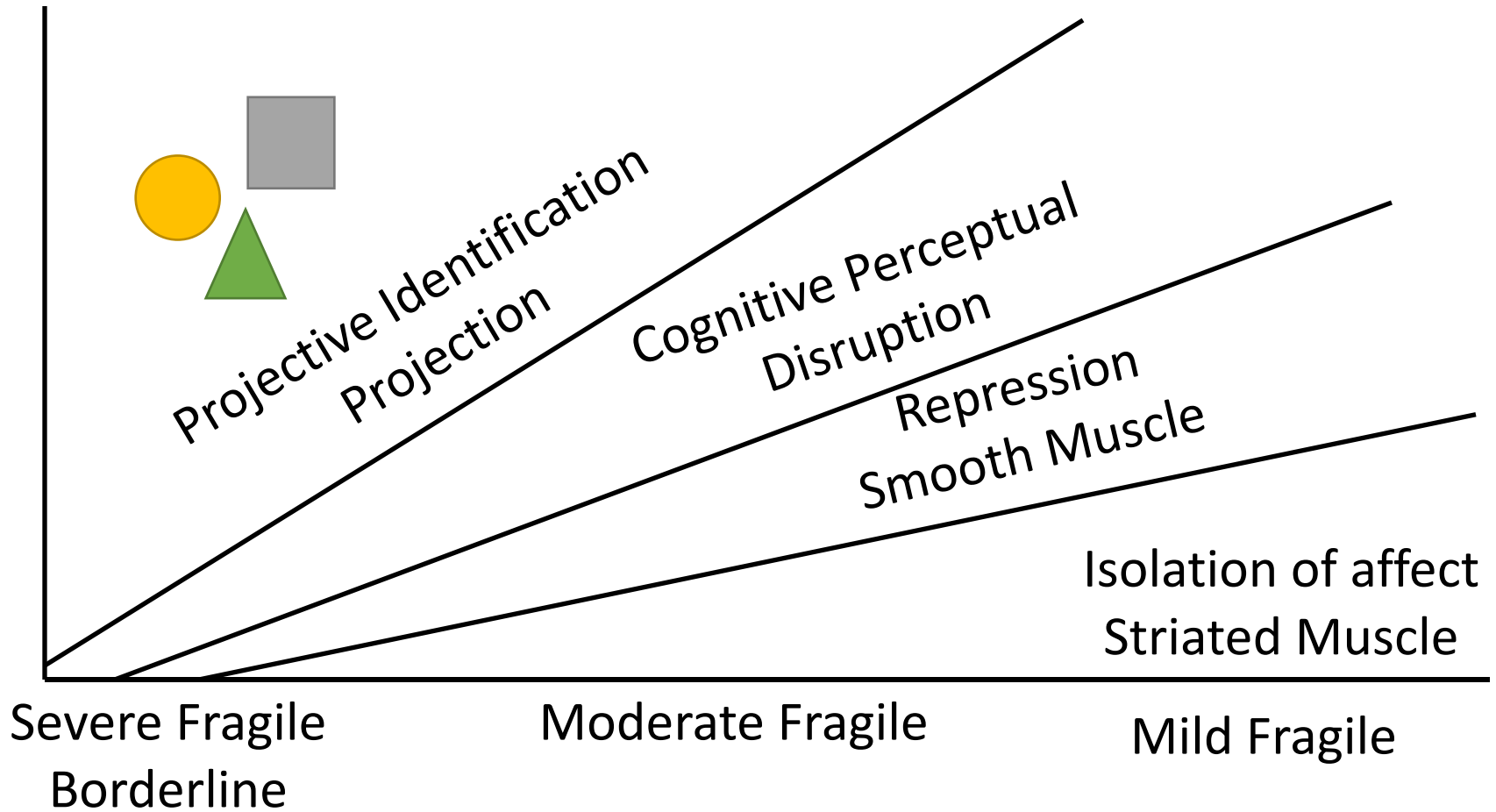
# Cognitive-perceptual related FND: Trial therapy sequence

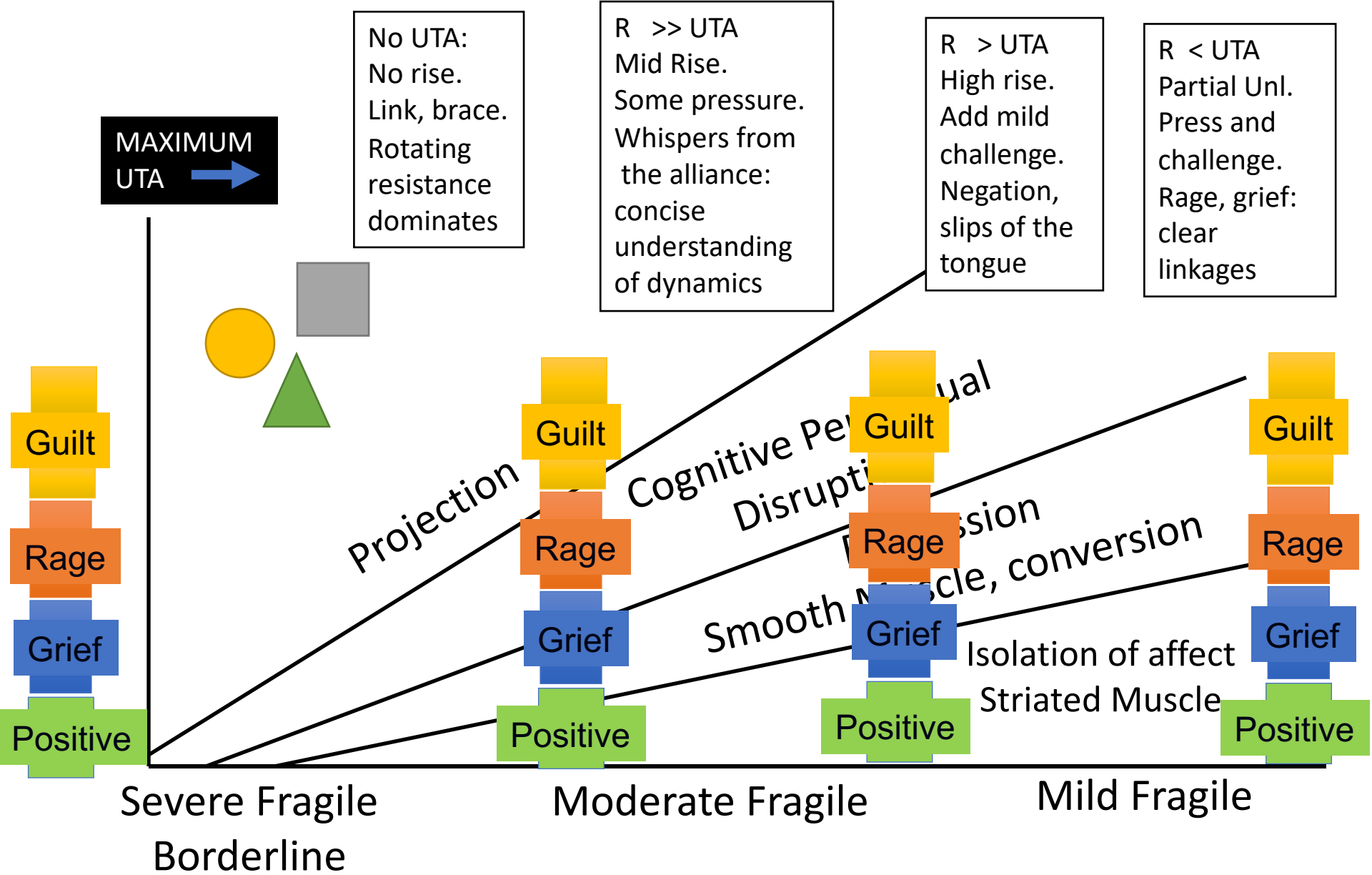
- Address barriers to engage
- Take history
- As needed, handle projection, self attack, dissociation and repression in office
- Regulate anxiety as needed
- Do graded mobilization of complex feelings to test thresholds
- Determine how to build capacities to gain access to unconscious attachment trauma
- Determine if FND symptoms vary with rise and falls in anxiety above and over thresholds
- Summarize and plan

# Cognitive Perceptual Disruption and FND



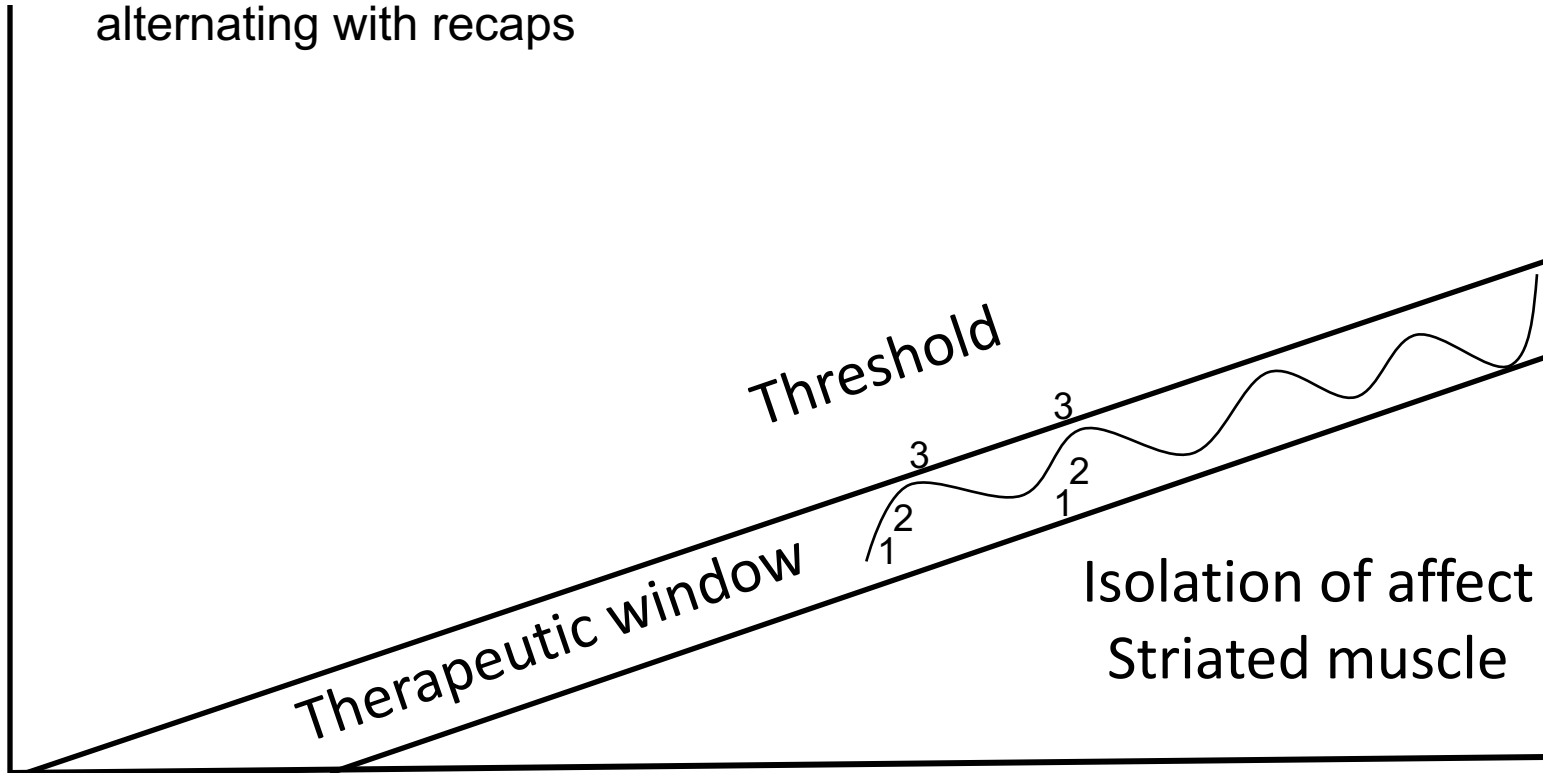
# Cognitive Perceptual Disruption and FND





1. Pressure or bracing focused on complex feelings making symptoms
2. Rise in CTF
3. Recap on the complex feelings making symptoms
4. At higher rise, pressure/bracing + mild challenges alternating with recaps

Conscious feelings



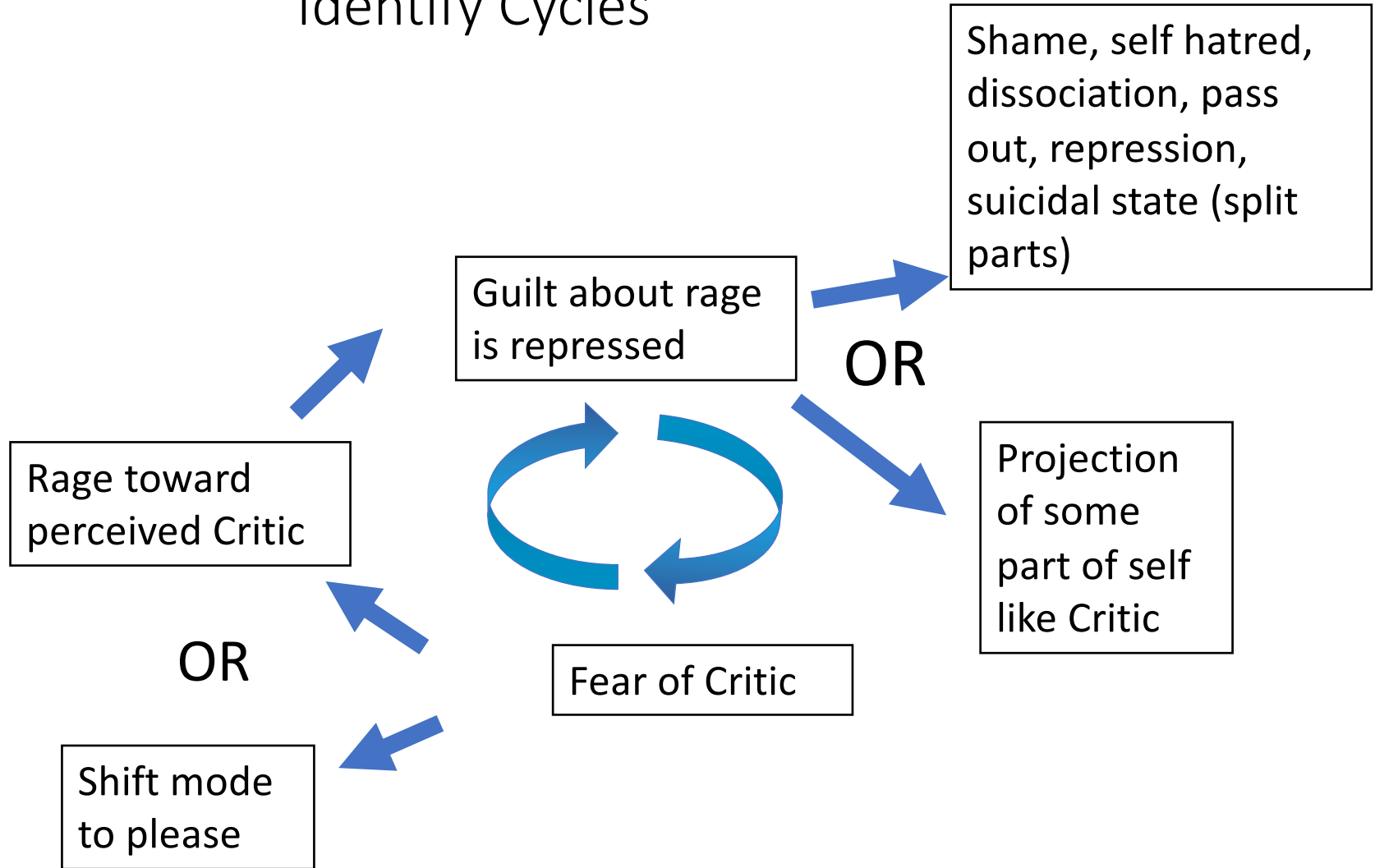
Severe fragile,  
borderline

Moderate  
fragile

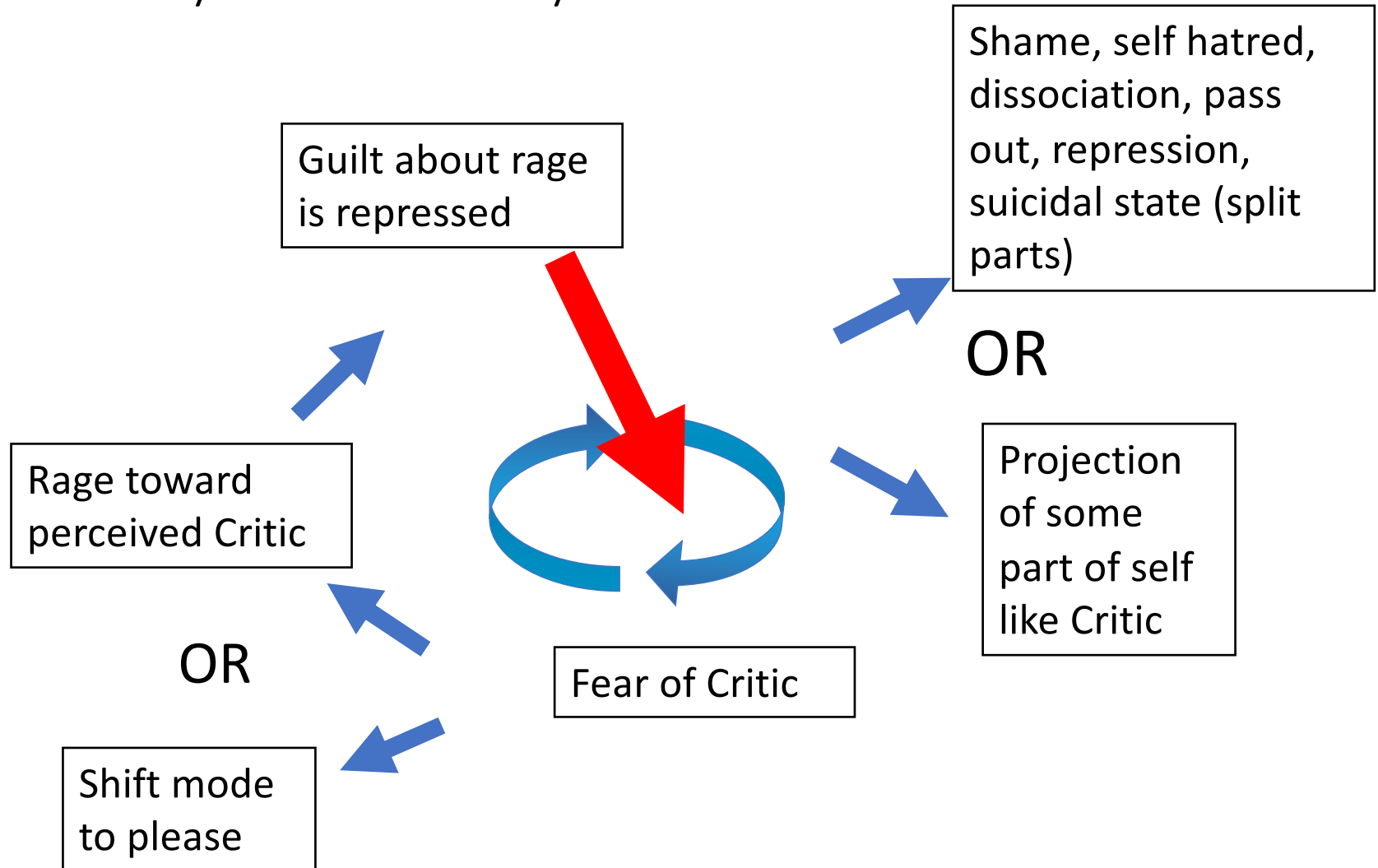
Mild  
fragile

Isolation of affect  
Striated muscle

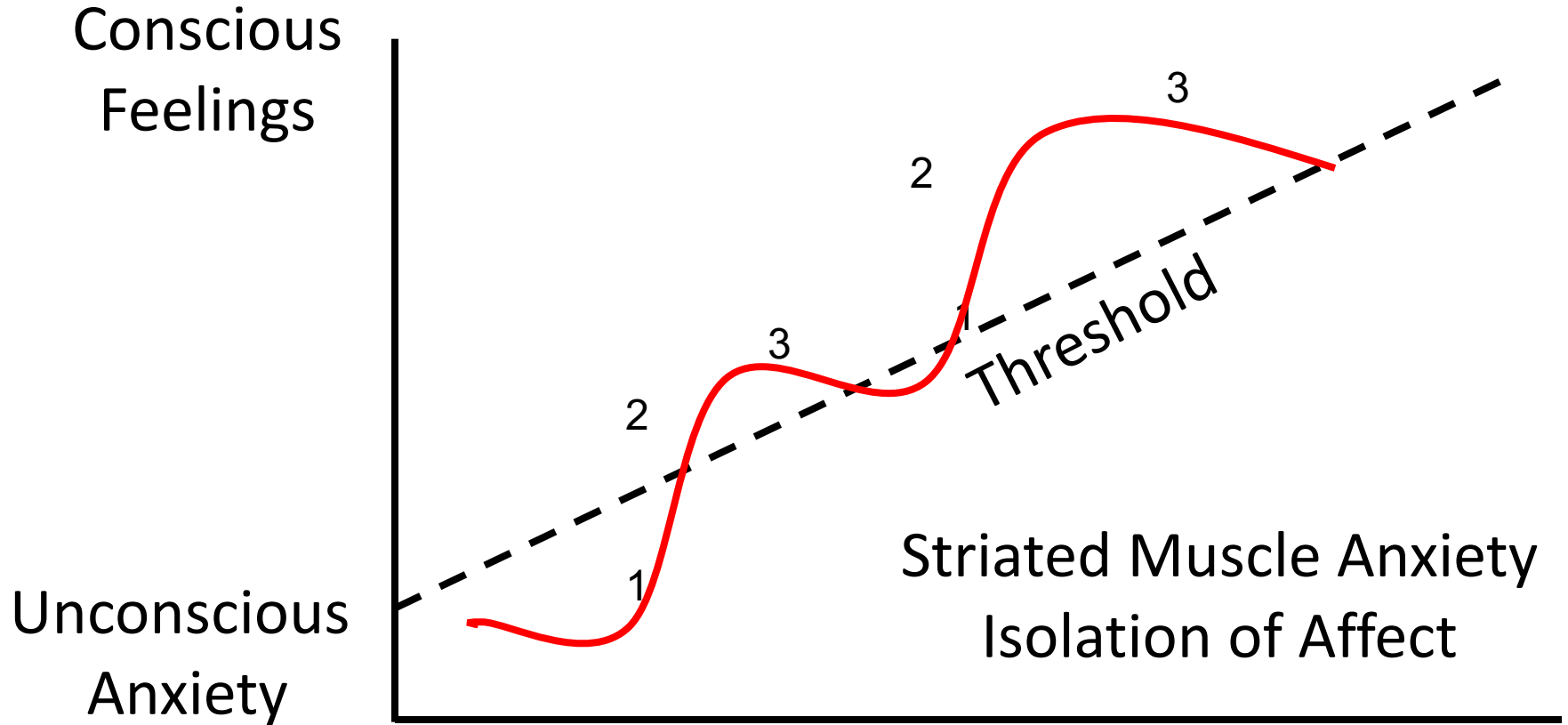
# Identify Cycles



# Identify and thwart Cycles



# 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

Identifying and feeling Guilt is the key to:

- Capacity building
- Symptom removal
- Opening the unconscious
- Healing attachment trauma

**GUILT**



# Risks and challenges of ISTDP in FSD

- Therapist reactions to patient
  - Therapist becomes afraid
  - Therapist becomes hostile
  - Therapist over controls
  - Therapist gets flooded with anxiety
  - Therapist becomes passive
- Technical issues
  - Inadequate explanations
  - Mistiming of interventions
  - Too heavy interventions too early
  - Forgetting to summarize and review
- Other
  - Missing other causative factors