Detecting emotional contributors in chronic pain presentations

Allan Abbass MD, FRCPC
Professor & Program Director
Centre for Emotions and Health
Dalhousie University, Halifax, Canada
allan.abbass@dal.ca

www.istdp.ca, Twitter: ISTDP



Learning Objectives

Describe unconscious anxiety and defense patterns

Describe a way to activate and monitor unconscious emotional responses

Anatomy and Physiology of Unconscious operations



BOND With Narents



PAIN

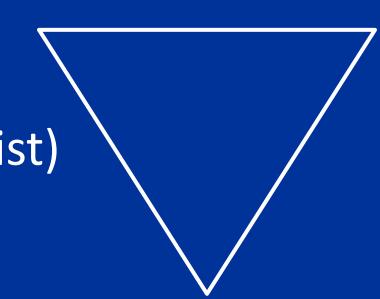


Rage, Guilt about the Rage



Feelings
Avoided
Self-destruct
Symptoms

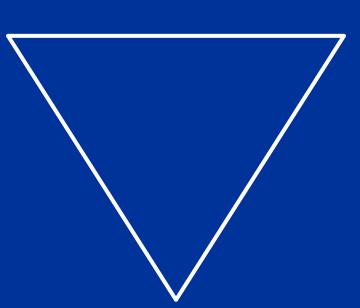
Transference (Therapist/
Doctor/Dentist)



Current person

Past person

Unconscious Defense



Unconscious Anxiety

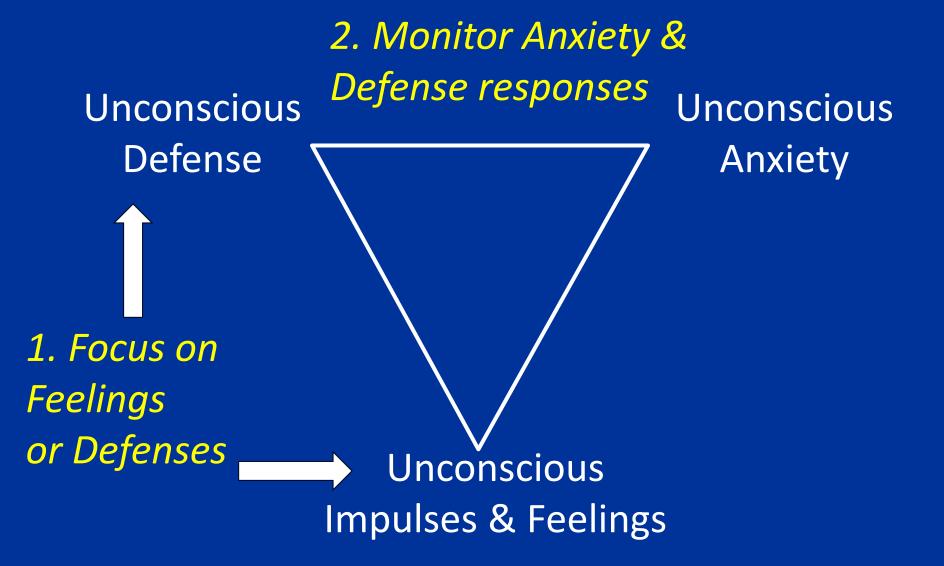
Unconscious Impulses & Feelings

What do we do?

- An interview method to:
 - assess the presence of unconscious feelings and if there are any such emotions present:
 - Assess the visceral anxiety patterns that these emotions produce
 - Assess the defences that these emotions activate
 - Try to determine whether the emotions and the anxiety / defences are factors in causing or worsening any physical complaints

"Physical" Examination of Emotions

- Observation
 - Signs of unconscious anxiety and defence
- Palpation and Percussion
 - Focus on underlying avoided feelings
 - Observe physical responses
- Patient needs to cooperate!
 - Handle defences against being open and against experiencing feelings
- Recapitulation to bring down anxiety



Try to attach to patients and see feelings

Unconscious

→ Mixed Feelings

about past

attachments

Unconscious→ Anxiety:Somatization

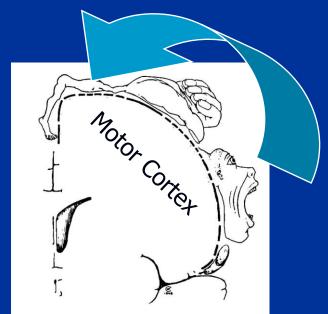
Feel the

→ feelings

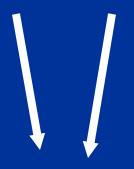
See the impact on symptoms

Striated Muscle Unconscious Anxiety

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



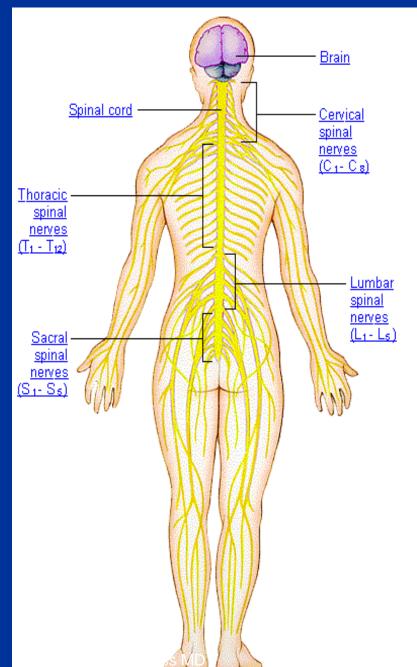
- → Hyperventilation, Fibromyalgia, headache, chest pain, abdominal wall pain
- See with Intellectualization of feelings
- Process: pressure to experience the feelings



Striated Muscle Anxiety Goes Down Body

Neurobiological
Pathway of
Rage goes up
Same system:
Displacing somatization



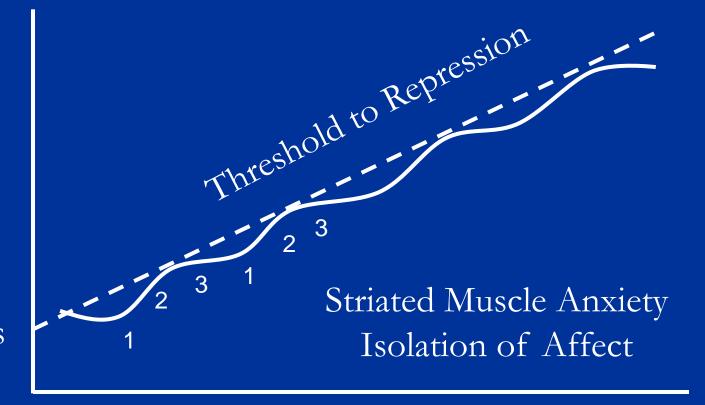


AMA Atlas offline

Smooth Muscle Unconscious Anxiety

- Gastrointestinal
- Vascular, Coronary Arteries
- Bronchi
- Bladder
- → Abdominal Pain, Irritable Bowel Syndrome, Dyspepsia, Migraine, Pelvic Pain
- Mediated by Repression of feelings
- Process:
 - reduce anxiety by intellectual review.
 - Help patient identify and feel guilt about rage

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

Cognitive-perceptual Disruption

- Dissociation, losing track of thoughts, poor memory, fainting
- Visual blurring, blindness
- Dysfunction of other senses
- Hallucinations in all 5 senses: Can perceive Pain
- Seen with Projection of feelings and impulses

Motor Conversion: Muscle weakness

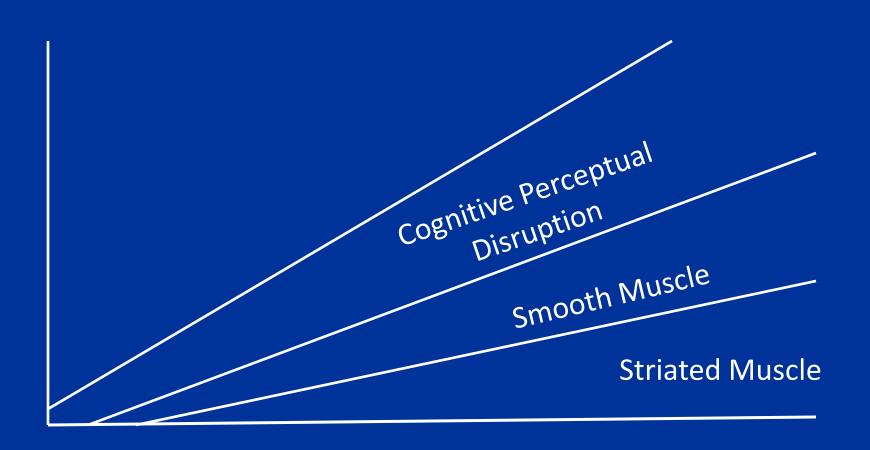
- → Neurology Consultation and Emergency Departments
- Seen with Repression
- Usually not with Pain complaints

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
 - Stabbing Pain → stabbing
 - Tearing/ripping sensations → Primitive rage
- Management: Focus to feel guilt about the rage to remove or reduce pain

Complexity

- Multiple pathways
- Defenses against exploration of feelings
- Mixed causation



Interpretation of Test Results

- 1) No change in active symptoms:
 - Likely not emotional factors → Look for other factors.
- 2) Symptoms increase with anxiety or reduce with lowering the anxiety:
 - Possible role of emotions in worsening/causing symptoms
- 3) Symptoms removed by emotional experience:
 - Highly likely related to emotions
- 4) No unconscious anxiety is mobilized:
 - No anxiety is present, or test not done correctly > repeat test or have series of sessions

Scandinavian Immersion Training in ISTDP

Drammen Norway May 7-9, 2015 Emotion focused treatment for patients with low affect- and anxiety tolerance Contact Roger Sandvik Hansen at roger.s.hansen@gmail.com for details

Stockholm Sweden September 10-12 ISTDP for Psychosomatic Disorders Contact Jennifer at abbass@bellaliant.net for details