Psychoanalysis and Psychosomatic Disorders

From Soma to Psyche :

related to DSM, attachment, mentalization and affect regulation

Presentation

- Introductory remarks
- Freud: Anxiety
- Attachment
- Affectregulation
- Psychosomatic Disorders and Alexythymia
- Mentalization

1. Disturbances in the Process
2. Pathology and Treatment

- Summary

Literature

- G.J.Taylor: (1992) Psychoanalysis and Psychosomatics: a new synthesis. J.Amer. Acad. Psychoanalysis 20: 251 – 275.

- P.Verhaeghe, S.Vanheule and Ann de Rick:(2007) Actual Neurosis as the underlying psychic structure of panic disorder,somatization and somatoform disorder: an integration of Freudian and attachment perspectives. Psychoanalytic Quaterly: 76: 1317 – 1350.

- C.G.Kooiman: (2003) Alexithymia, childhood risk factors and unexplained physical symptoms

INTRODUCTORY REMARKS

Somatization

- **W. Stekel** (1925): the expression of an psychic conflict into somatic complaints
- **Bridges and Goldberg** (1985):somatization as the somatic presentation of a psychiatric disease
- **Lipowski** (1988): somatization as the tendency to experience and communicate (unexplained) somatic complaints in reaction to psychic tensions and to look for somatic help for them

Somatization

- **Kirmayer and Robbins** (1991):

1. ***Real somatization*** : the patient attributes his complaints to a somatic disease and is looking for a somatic solution: a deficit
2. ***Initial somatization***: the patient presents his complaints as somatic but knows that he is suffering from psychic problems for which he is looking for help: a conflict
3. ***Facultative somatization***: the patient is willing to investigate if his complaints are part of a psychiatric disease

Distinctions and definitions.

- **Classical psychosomatic disorders**

  DSM: Psychological factors affecting medical condition

  Complaint and somatic disease.

  stress factors influence its course and severity.

  (hypertension, asthma,angina pectoris, rheumatism, gastric ulcer, colitis ulcerosa, iritable colon diabetis mellitis, hyprthyreosis skin diseases)

- **Functional disorders: somatization**

  DSM: somatoform disorders, somatization and somatically unexplained disorders.

  Disturbed function *without* disturbed organic structure.

  (blindness, back-, head-, or stomach- ache)

Definition of somatization

Functional disorders: somatization

The tendency

- to experience and express physical complaints,
- to ascribe them to a physical disease,
- and to ask for medical help,
- whilst no somatic pathology can be found that adequately explains the complaints.

- *This definition considers somatization as a psychological concept.*
- *So it depends on the existing level of knowledge of somatic processes.*

Subdivision of functional disorders

DSM: somatoform disorders.

- Somatization disorder (1%)
- Undifferentiated somatoform disorder (12%)
- Conversion disorder
- Pain disorder
- Hypochondriasis
- Body dismorphic disorder
- Somatoform disorder n.o.s.

Somatization

- **The classical psychoanalytical concept of Hysteria is in terms of DSM IV related to:**

1. Somatization disorder
2. Somatoform disorder
3. Conversion disorder
4. Dissociative disorder

Incidence rate of somatization.

- **75% of mankind is somatizing.**
  - 20-50% of G.P.'s patients have somatically unexplained complaints.
  - 16% has somatoform disorder
  - 12% undifferentiated somatoform disorder
  - 1% has somatization disorder (in narrow DSM sense)
  - Comorbidity with **anxiety** or **depression** 3 x higher than chance.
  - Of all these patients
    - 50-75% improve in over a year,
    - 10-30 % deteriorate.
  - Risk of development of real somatic disease is very small. (for irritable bowel syndrom 1%; for conversion 0-12%)
- **25% of mankind is able to psychologize** (the educated western upper middle class)

Psychoanalysis and psychosomatics

- **In the beginning of psychoanalysis intensely related**

- **After that drifting apart:**

1. Because of limitations in the early psychoanalytic (conflict)theory about the relation between biology and psychology (shift from trauma to conflict)
2. Progress in medicine/biology

- **New Synthesis is growing:**

1. Attachment
2. Affect regulation
3. Concept of mentalization
4. Alexithymia

Development

- In the beginning the Self is a somatic Self
- At the end there will be a psychological Self

- From **Soma** to **Psyche**
- From **outside** to **inside**
- From **doing** to **thinking**

- The **development** of **affect regulation** and **mentalizing** within the context of a safe **attachment**, leads to containing **anxiety**

From anxiety neurosis to psycho neurosis

FREUD: ANXIETY

Two types of anxiety 1

Anxiety neurosis (Actual Neurosis)

Somatic (heartbeating; sweating; trembling; nausea; problems with respiration etc.)

- Not related to underlying dynamic mechanism
- Momentaneous anxiety caused by over-stimulating the organism
- Unmentalized anxiety: first order representation
- Not open for insightgiving psychotherapeutic treatment
- Building new inner structures by generating mentalizing ability

DSM IV; somatization, somatoform disorders,DIS, panic disorders and PTSD.

Two types of anxiety 2

Psycho-Neurosis

- Anxiety is related to underlying dynamic mechanism
- Anxiety as a signal related to danger
- Anxiety mobilizes repression and is open for interpretation or insightgiving psychotherapy

Freud

Toxic Theory (1895)

On the grounds for detaching a particular syndrome from neurasthenia under the description anxiety neurosis

- Psychoneurosis: the mental representation is distorted / damaged by defensive mechanisms. → repressing the representation
- Anxiety has to be abreacted by its binding via representations
- Anxiety neurosis: the step toward representation has not been successful, the innervation remains on the level of the body/soma

Freud

Signal Theory (1926):

Inhibitions, Symptoms and Anxiety

- Anxiety related to a conflict between wishes and reality
- Interpreting conflict: Id, Ego and Superego
- Anxiety as a signal related to danger,
- Too much anxiety → panic
- Anxiety mobilizes repression
- From external to internal reality

Signal anxiety

Critique:

- Tendency to ignore the importance of the anxiety neurosis
- Psychosomatic symptoms: they have a symbolic meaning instead of being the only possible way of communicating.
- Linear instead of circular causality between biology and psychology
- Too much stress on interpretation of drive related conflicts instead of facilitating the development which is inhibited

Anxiety regulating system related to the quality of the development

ATTACHMENT

Attachment

Related to the primary aspect of the relation.

- Activated in case of danger
- Related to separation and loss
- A way of regulating anxiety

Attachment

Attachment styles

Safe

- Secure Autonomous (F)

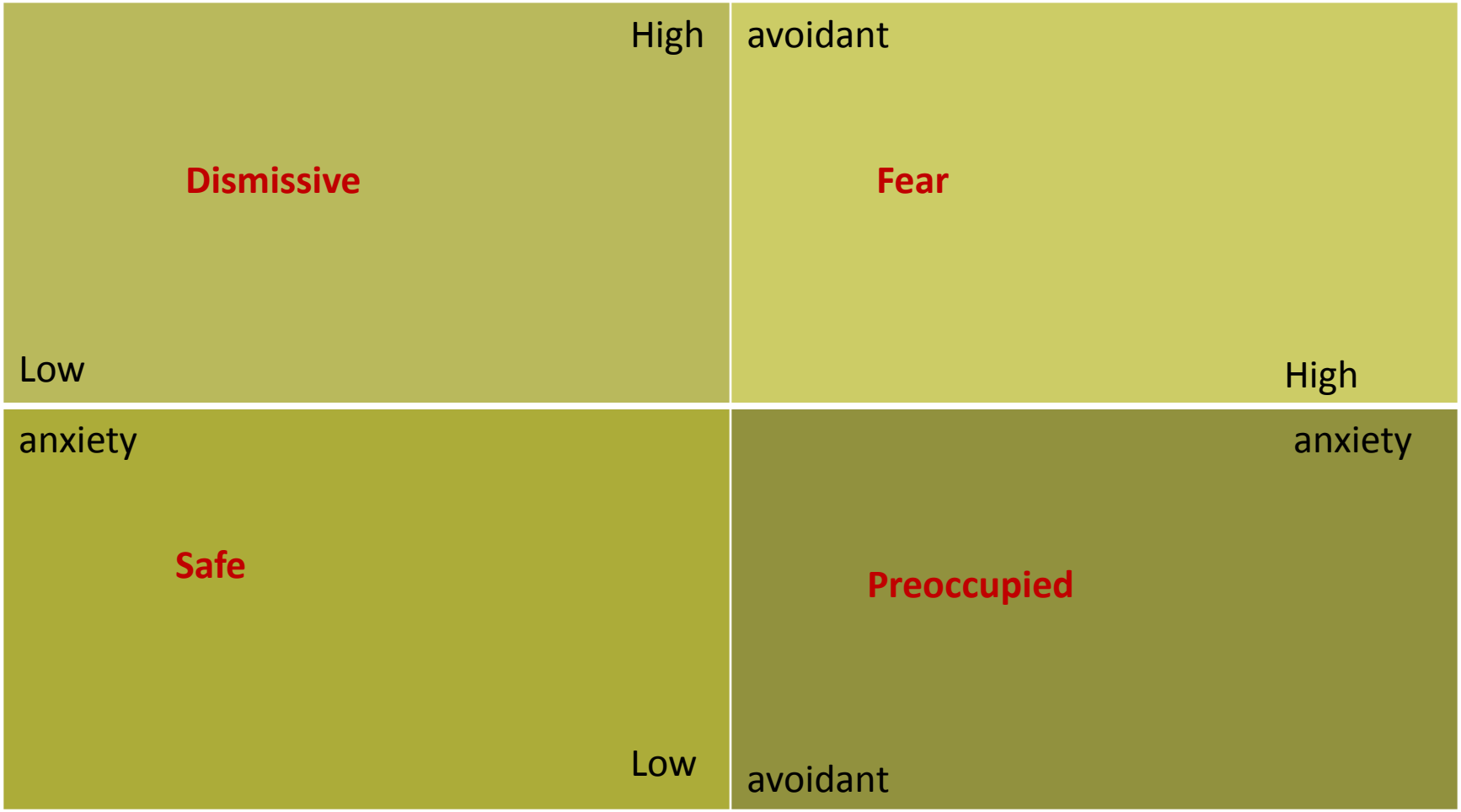
Organized unsafe

- Avoidant Dismissing (Ds)
- Resistant/Ambiv. Preoccupied/Entangled (E)

Disorganized Unsafe

- Disorganized Disorganized/Desoriënted (U/d)

Attachment styles



From emotion to affect representation

AFFECT REGULATION

Affectregulation

- The development to affectregulation is caused by digestion and by that by adequate affect representation. The caregiver regulates the affect by facilitating affect representation:

1. *Accurate and marked mirroring of the affect*
2. *Giving meaning to the affect*
3. *Looking to the baby as intentional*

Affectregulation

Psychosomatic Patients:

- Impaired capacity in:

1. Containing and modulating affects
2. Tolerating frustration

- Problems in the development and regulation of affects
- Dependent on external objects

Affects

From emotions to feelings

- **Emotions:** biology and genetics are involved, it is about bodily sensations
- **Feelings/affects:** is about mental representations, a psychological dimension is added
- **Mentalization** is in between

1. Symbolization is involved
2. It is about memories, phantasies and dreams

Affectregulation

- **Avoidant/dismissing**
  - Over-regulating of affect
  - Relying on cognitions
  - Pretend mode
- **Ambiv./ Preoccupied**
  - Under-regulating of affect
  - Relying on emotions
  - Equivalent mode
- **Autonomous/secure**
  - Possibility to calm down affects
  - Reflective mode
- **Disorganized**
  - Not able to regulate, modulate or calm down themselves
  - Teleological mode

Related to Alexythymia

PSYCHOSOMATIC DISORDERS

Classical psychosomatic diseases

1. Bronchial asthma
2. Essential hypertension
3. Peptic ulcer
4. Ulcerative colitis
5. Thyrotoxicosis
6. Rheumatoid arthritis
7. Neurodermatitis

Somatoform disorders

- Somatization disorder (1%)
- Undifferentiated somatoform disorder (12%)
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- Somatoform disorder n.o.s.

Psychosomatic Disorders

- **Ruesch** (1948): the disturbance of verbal and symbolic expression in psychosomatic patients and patients with post traumatic syndromes.
- **MacLean** (1949): inability to verbalize feelings in psychosomatic patients.
- **Horney** (1952): psychosomatic patients did poorly in psychoanalytic treatment because of a lack of emotional awareness, paucity of inner experience, minimal interests in dreams, concrete way of thinking and an externalized style of living.

Psychosomatic Disorders

- Poorly differentiated and unregulated emotions
- Related to deficits in the formation of early object relations.

Alexythymia

- Functional medical and psychiatric disorders as well as the 7 classical psychosomatic diseases

Alexythymia

- Failures in experiencing and regulating affects in an adequate way
- Normally those capacities are acquired during developmental years
- Failures results in a proneness to affect dysregulation

Alexythymia

Related to:

- Emotional intelligence
  1. Effective regulation of emotions
  2. Use feelings to guide behavior
- Mentalization
- Psychological Mindedness

Alexythymia

- Those patients suffering from alexythymia insufficiently realize that physical sensations may be the somatic manifestation of affects
- No use of the symbolic function of language but direct expression: **no emotional awareness**
- They seek medical care for symptoms for which no medical explanation can be found
- In a way related to the concept of somatization

Alexythymia

- **No words for feelings (Sifneos 1973)**

- Deficit in the cognitive processing and regulation of feelings
- High prevalence of alexythymia in patients with panic disorders and patients with medically unexplained symptoms
- Merely describes a mental state

Alexythymia

- Difficulty in identifying and describing feelings
- Difficulty in differentiating between feelings and somatic concomitants of emotional arousal
- Problems with phantasizing and dreaming
- The dream is not mentalized: without dreamwork: symbolization, condensation and displacement
- Failing of the signal function that guides behavior
- Externally oriented cognitive style
- Dependent on external reality

Failure to regulate, modulate and to form affect/self representations : *deficit model*

Alexythymia

Repression: conflict

- Repressors score low on alexythymia (King 1992)
- Alexythymia is most similar to the sensitizing style of high-anxious individuals who acknowledge negative emotional experiences but have difficulty in regulating them.
- Alexithymic individuals are distinguished from high-anxious individuals by their diminished fantasy life and externally oriented cognitive style

Dissociation: deficit model

- Dissociation is positively related to alexythymia and both may be associated to trauma (Berenbaum and James 1994)

Alexythymia

- **The capacity to form affect/self representations:**

1. Acquired in the context of early attachment relations
2. Related to the quality of the relation with the primary care giver
3. Quality of the mirroring
4. Related to the genetic/biological vulnerabilities

- **After that what was outside will be inside: internalization**

Alexythymia

- Inability to modulate emotions through cognitive processing
- Proneness to undifferentiated negative affective states
- Limited capacity to experience positive emotions as joy, happiness and love
- Social anhedonia

Alexythymia

- Not only related to failures in the developmental pathway
- Severe traumatic experiences in adult life can lead to such a constraint of affective functioning later on that it results in the clinical picture of alexythymia
- Overlap with the concept of inhibition and connected to the concept of mental process disorders: ***mentalizing ability***

Alexythymia

- When the childs affective cues are **consistently rejected:**
  - **avoidant** attachment style and less emotional expressive, fails to learn the meaning and signal function of affects. Learns to rely on cognitions

- When the child experiences **inconsistent** responses to its affective communications:
  - **ambivalent** attachment style, difficulties in regulating emotional distress. Fails to use cognition to regulate its affects

Alexythymia

- They develop dependent relationships, alternating between wanting to be alone or to be related to others
- Associated with a compulsive care seeking style of **insecure attachment**

1. Ambivalent
2. Avoidant

- **Securely attached** people showed low level of alexythymia

From Somatic to Psychological Self

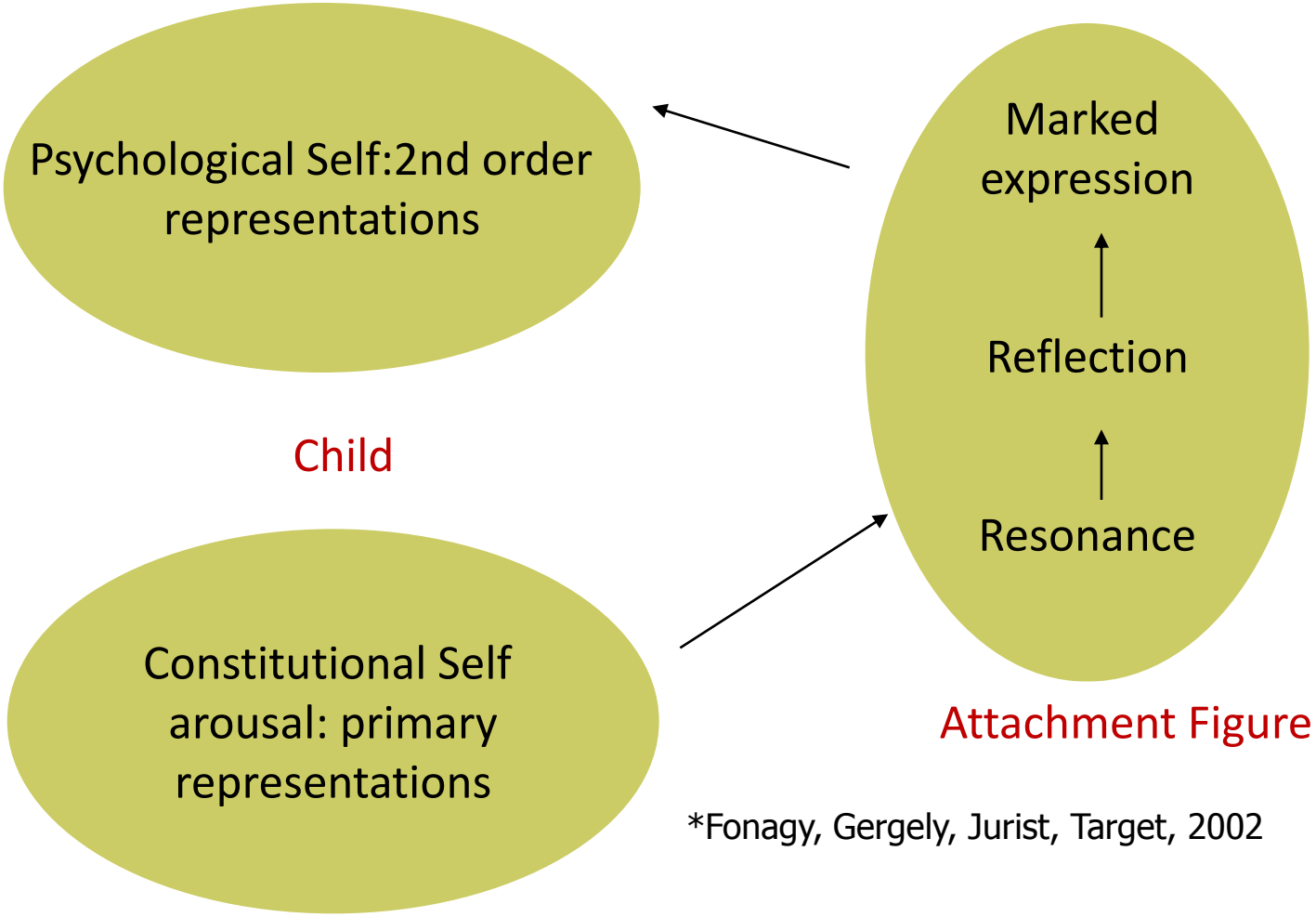
MENTALIZATION

Mentalization

- Represent inside what was outside

1. **Mentalized:** No longer dependent on the being there of the affect or caregiver
2. **Unmentalized:** Still dependent on the availability of the affect or caregiver

Social biofeedbacktheory: parental mirroring



*Fonagy, Gergely, Jurist, Target, 2002

In the beginning

- The body is the Self
- Doing instead of reflecting

- No psychological intentions, no psychic conflicts
- Only momentaneous and concrete behaviour, no containment
- Behaviour as the only possible way of communication
- No interpretation of underlying conflicts but connecting behaviour to intentions

Developmental proces by mirroring

Mental processing: *(conflicting) mental representations*

The parental object/**therapist** tries to understand the affective state and intentions of the child, is mirroring it to the child. He feels recognized and seen by the parental object and learns to understand himself and put himself into words

Result:

The birth in the child/**patiënt** of a mental representation of the self and other

Developmental proces by mirroring

Mental processing disorder: *Mentalizing deficit*

The parental object is reacting from his/her own affective state so the child is unable to recognize himself in the eyes of the parental object and will not learn to understand himself or to put himself into words

Result :

Developing in the self an introjected self of the parental object (alien self), this means there is no development of an inner representation of the self and the other

Mentalization

- **The psychic reality of the child consists of different modes:**

1. Teleological mode

- Primacy of the physical
- Experience is only felt valid when its consequencies are apparent to all
- Affection is only real when accompanied by physical expression
- Automutilation or suicidality as the only route to the patient experiencing a sense of being cared for
- May lead to manipulating and controlling the other
- **Making misuse of mentalization**

Mentalization

2. Equivalent mode: internal = external;
too realistic, concreteness
fusion
concretistic/magic thinking

3. Pretend mode: internal separated from the external; too unrealistic, meaninglessness, dissociation
pseudo mentalization

Development/Therapeutic proces in MBT goes from teleological to equivalent / pretend to reflective mode

Mentalization

- **Reflective Mode**

1. Capacity to mentalize
2. Integration of equivalent and pretend mode
3. Internal and External reality are connected, not dissociated but differentiated
4. Different perspectives

- **Adequate mentalizing ability**

Mentalization

Mentalization: Reflective Functioning

1. The ability to experience thoughts and feelings as representations
2. Inner and outer world are connected but differentiated and no longer equalized or dissociated
3. To take different perspectives
4. Behavior becomes predictable, the experience of conflict enters the scene

From **Somatic** to **Psychological** Self

Mentalization

Result

1. The person is able to understand himself and the other in psychological terms
2. He is able to look upon things from different angles
3. He is able to put emotions into words or to give words to feelings
4. He develops an Inner Working Model or Interpersonal Interpretive Mechanisms by which he organizes, anticipates and is selecting his world.
5. He becomes intentional
6. He functions in an autonomous way: on his own

Mentalization

A. Disturbances in the Mentalizing Process

1. Effect of non adequate mirroring

2. Effect of Trauma

Non adequate mirroring

Accurate resonance but not marked

- Not clear what is from the child and what from the other
- No containment
- Projective identification as a defense
- Predisposition to equivalent mode; controlling, manipulation
- Externalizing pathology

Non adequate mirroring

Resonance is not congruent

- Not related to the primary experience of the child
- Creation of False Self/ Alien Self
- Predisposition to pretend mode; no contact, disconnecting himself.
- Internalizing pathology

Alien Self

- When a child cannot develop a representation of his own experience through mirroring (the self) he internalizes the image of the caregiver as a part of his self-representation
- Discontinuity within the self called: “alien self”.
- Internal but foreign body
- No interpreting underlying conflicts but connecting behaviour to intentions

Trauma

- A weak mentalizing capacity increases the influence of later trauma
- The existence of trauma influences the mentalizing capacity
- Regression to equivalent mode (not willing to think) or to pretend mode (dissociation) or to oscillation between both

Mentalization

Two types of pathology

1. Mental Process Disorders

- Structuring
- Facilitating development
- Inter personal functioning, focusing on relation
- Not inducing regression
- Focusing on the relation

2. Conflicting mental representations

- Creating insight, focusing on interpretation
- Intra psychic functioning
- Making use of regression
- Focusing on interprettion

Mentalization

Mental Process Disorders

- No psychological Self but the body is the self
- No Somatization as a defense but Soma
- Somatization as the only channel of communication
- Alexithymia: medically unexplained physical symptoms/ conversions
- They live in a frightened world instead of a world they are experiencing as frightening

Mentalization

Mental Process Disorders

Anxiety neurosis

Creating new inner structures

Cooling down

Instead of inducing regression

- **Somatization, Somatoform disorder, Panic disorder, DIS, PTSD and Alexythymia**

Treatment

Creating an Internal Structure:

By facilitating Mentalization: giving names

- Mental Process Disorders
- Actual/anxiety Neuroses
- Cluster A and B personality disorders

- **Somatization , somatoform disorders, panic disorders,DIS, PTSD and Alexythymia**

Mentalization

Conflicting mental representations

- There is a Psychological Self
- Somatization is a defens against having feelings
- Somatization is **not** the only channel of communication

Psychoneurosis

- Restructuring the inner world: interpreting
- Heatening up: inducing regression

Treatment

Restructuring the internal world:

By Interpreting and working through

- Conflicting Mental Representations
- Psychoneuroses
- Cluster C personality disorders
- Neurotic pathology

- Somatization , somatoform disorders, panic disorders, DIS,PTSD and Alexythymia

interventions

Spectrum

- Reassurance, support and empathy:
  - **I can imagine that you felt hurt**
- Clarification, challenge and elaboration
  - **I realize that you felt hurt and I am wondering how that happens**
- Basic mentalizing
- Interpretive mentalizing
  - **You are feeling hurt and I realize that you always react in such a way when people are not doing what you want them to do**

interventions

- Mentalizing the transference:
  - **I see that you felt hurt by what is happening here and that you don't know if you want to be here with me. I think that only by feeling yourself as an hurted victim you can feel that you deserves my attentive care**
- Non-mentalizing interpretations (use with care)
  - **You have to create a situation in which you can feel yourself the victim of someone else who has to be the purpetrator**

Cave

- So sometimes Somatization; Alexithymia; Medically unexplained physical symptoms; Somatoform disorders and Conversions are what they are:
  - **The only form of communication** and
  - Sometimes they are **forms of defensive behaviour**
- **The same behaviour can have two different meanings.**

SUMMARIZING REMARKS

Anxiety

- **Anxiety neurosis: no mind**
- Toxic Theory: no anticipation
- Mental Process Disorders

- Paranoid/Schizoid Position
- Basic Fault
- Disorganized
- When mentalizing is failing there is panic/traumatic anxiety.

- The body is the origin of anxiety
- The level of meaning is not available

- **Psychoneurosis: a mind**
- Signal Theory: anticipation
- Conflicting mental representations
- Depressive Position
- Primary Love
- Organized
- When mentalizing ability is inhibited there still is signal anxiety
- Anxiety is in the Mind
- The signal function is not adequate, but there is meaning

Psychosomatic Disorders 1

- Deficit of the mentalizing ability
- Impaired capacity to regulate affects/self
- Poor S/O differentiation

- Developmental arrest
- Deficiencies in early object relations

Psychosomatic Disorders 2

- Quality of the primary atachment relation is modifying the expression of genetic vulnerabilities in the behaviour

- Entrance of regulating capacities:

1. From mental process disorders to conflicting mental representations
2. Working through the separation - individuation process
3. From paranoid-schizoid to depressive position

Psychosomatic Disorders 3

- **Insecure attachment styles are related to inner working models that reflect failures in the integration of affective and cognitive information**
- ***Insecure avoidant*** children develop problems with the recognition and expression of affect, they learn to rely on cognition
- ***Insecure ambivalent*** children fail to use cognition to regulate affect

Crittenden 1994

Psychosomatic Disorders 4

Insecure attached: avoidant/ambivalent

- Develop dependent relationships
- These relationships are highly interchangeable

Secure attached

- Low level of alexythymia

Psychosomatic Disorders 5

- Sometimes a developmental arrest: **to contain**
- Sometimes a form of resistance: **to interpret**

To End

- **It is all about creating internal psychic space**

- Dr.M. de Wolf
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