Somatoform Disorders

- Preoccupation with health, physical appearance and functioning
- No identifiable medical cause

DSM-IV Somatoform Disorders
- Hypochondriasis
- Somatization disorder
- Conversion disorder
- Pain disorder
- Body dysmorphic disorder

Hypochondriasis

- Clinical Description
  - Physical complaints; no clear cause
  - Severe anxiety over having a serious disease
  - Strong disease conviction
  - Medical reassurance useless

- Statistics
  - Prevalence unknown
  - Onset at any age, chronic
Hypochondriasis: Causes and Treatment

- Causes
  - Cognitive perceptual distortions
  - Familial history of illness

- Treatment
  - Challenge illness-related misinterpretations
  - Substantial and sensitive reassurance
  - Stress management and coping strategies

Integrative model of causes of Hypochondriasis

Somatization Disorder

- Clinical Description
  - Extensive physical complaints before age 30
  - Marked impairment
  - Focus on symptoms, not illness
  - Symptoms become the person’s identity

- Statistics
  - Rare
  - Onset usually in adolescence
  - Mostly affects unmarried, low SES women
  - Runs a chronic course
Somatization Disorder: Causes and Treatment

- **Causes**
  - Familial history of illness
  - Antisocial personality disorder?
  - Weak behavioral inhibition system

- **Treatment**
  - Resistant
  - Limit visits
  - Assign “gatekeeper” physician
  - Behavioral approaches

Conversion Disorder

- **Clinical Description**
  - Physical malfunctioning without organic pathology
  - Typically sensory-motor areas
  - La belle indifference
  - Retain most normal functions, but unaware

- **Statistics**
  - Rare condition, chronic intermittent course
  - Females, onset in adolescence

Conversion Disorder: Causes and Treatment

- **Causes**
  - Psychodynamic view
  - Trauma, conversion, and secondary gain
  - Detachment from the trauma and negative reinforcement

- **Treatment**
  - Similar to somatization disorder
  - Attend to the trauma
  - Behavioral Approaches
Body Dysmorphic Disorder

- **Clinical Description**
  - Preoccupation with imagined defect
  - Fixation or avoidance of mirrors
  - Suicidality
  - Ideas of reference
- **Statistics**
  - Lifelong, chronic course
  - More common than previously thought
  - Seen equally in males and females, with onset usually in early 20s
  - Most remain single, and many seek out plastic surgeons

Body Dysmorphic Disorder: Causes and Treatment

- **Causes**
  - Unknown, tends to run in families
  - OCD?
- **Treatment**
  - SSRIs provide some relief
  - CBT
  - Exposure and response prevention
  - Plastic surgery is often *unhelpful*
Dissociative Disorders

- Overview
  - Involve severe alterations or detachments in identity, memory, or consciousness
  - Depersonalization – Distortion is perception of reality
  - Derealization – Losing a sense of the external world
  - Variations of normal depersonalization and derealization experiences

Depersonalization Disorder: An Overview

- Overview and Defining Features
  - Severe and frightening feelings of unreality and detachment
  - Such feelings and experiences dominate and interfere with life functioning
  - Primary problem involves depersonalization and derealization
- Facts and Statistics
  - Comorbidity with anxiety and mood disorders is extremely high
  - Onset is typically around age 16
  - Usually runs a lifelong chronic course
Depersonalization Disorder: Causes and Treatment

- **Causes**
  - Show cognitive deficits in attention, short-term memory, and spatial reasoning
  - Such persons are easily distracted
  - Cognitive deficits correspond with reports of tunnel vision and mind emptiness

Dissociative Amnesia and Dissociative Fugue

- **Dissociative Amnesia**
  - Includes several forms of psychogenic memory loss
  - Generalized type – Inability to recall anything, including their identity
  - Localized or selective type – Failure to recall specific (usually traumatic) events

- **Dissociative Fugue**
  - Related to dissociative amnesia
  - Such persons take off and find themselves in a new place
  - Lose ability to remember the past and relocation
  - Such persons often assume a new identity
### Dissociative Amnesia and Fugue

**Statistics**
- Dissociative amnesia and fugue usually begin in adulthood
- Both conditions show rapid onset and dissipation
- Both conditions occur most often in females

**Causes**
- Little is known, but trauma and stress seem heavily involved

**Treatment**
- Persons with dissociative amnesia and fugue usually get better without treatment
- Most remember what they have forgotten

### Dissociative Trance Disorder

**Clinical Description**
- Symptoms resemble those of other dissociative disorders
- The clinical presentation varies across cultures
- Involves dissociative symptoms and sudden changes in personality
- Symptoms and personality changes are often attributed to possession by a spirit
- Symptoms must be considered undesirable/pathological by the culture

### Dissociative Trance Disorder

**Facts and Statistics**
- More common in females than males

**Causes**
- Often attributable to a life stressor or trauma
Dissociative Identity Disorder (DID)

- Clinical Description
  - Adoption of several new identities
  - Identities display unique behaviors, voice, and posture
  - Formerly known as multiple personality disorder
  - Dissociation of certain aspects of personality

- Unique Aspects of DID
  - Alters – Refers to the different identities or personalities in DID
  - Host – The identity that seeks treatment and tries to keep identity fragments together
  - Switch – Often instantaneous transition from one personality to another

DID: Causes and Treatment

- Statistics
  - Average number of identities is close to 15
  - Ratio of females to males is high (9:1)
  - Onset is almost always in childhood
  - High comorbidity rates, with a lifelong chronic course
Mapping the Inner House

DID: Causes and Treatment
- Causes
  - Almost all patients have histories of horrible, unspeakable, child abuse
  - Closely related to PTSD
  - Most are also highly suggestible
  - DID is viewed as a mechanism to escape from the impact of trauma
- Treatment
  - Focus is on reintegration of identities
  - Aim is to identify and neutralize cues/triggers that provoke memories of trauma/dissociation

Diagnostic Considerations in Somatoform and Dissociative Disorders
- Separating Real Problems from Faking
  - The Problem of Malingering – Deliberately faking symptoms
- False Memories and Recovered Memory Syndrome
Summary of Somatoform and Dissociative Disorders

- **Features of Somatoform Disorders**
  - Physical problems without an organic cause

- **Features of Dissociative Disorders**
  - Extreme distortions in perception and memory

- **Well Established Treatments Are Generally Lacking**