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

Hypochondriasis

- Statistics
  - 1-3% prevalence
  - Affects men and women equally
    - Previously thought to be mostly female
  - Occurs across all age ranges
  - Onset can occur at any time
  - Chronic
Hypochondriasis: Diagnosis

- Physical evaluation
  - Rule out actual physical problem
- Psychological evaluation
  - Determine nature of complaints
    - Disease conviction
    - Illness conviction
    - Illness phobia
    - Anxiety disorder
- Cultural differences (Koro, dhat, etc.)

Hypochondriasis: Causes

- Cognitive perceptual distortions
  - Unpredictable and uncontrollable world
- Overly attentive to physical sensations
- Misinterpretation of sensations
- Interpersonal influences
  - Trigger event
  - Family history of illness
  - Rewards of sick role
Integrative model of causes of Hypochondriasis

Hypochondriasis: Treatment
- Challenge illness-related misinterpretations
- Substantial and sensitive reassurance
- Stress management and coping strategies
Somatization Disorder

- **Clinical Description**
  - Extensive physical complaints before age 30
  - Marked impairment
  - Focus on symptoms, not disease
  - 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

Anna O.

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
Dissociative Disorders

- Types of DSM-IV Dissociative Disorders
  - Depersonalization Disorder
  - Dissociative Amnesia
  - Dissociative Fugue
  - Dissociative Trance Disorder
  - Dissociative Identity Disorder

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: An Overview

- 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 Amnesia and Dissociative Fugue: An Overview

■ 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: Causes and Treatment

■ 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: An Overview, Causes, and Treatment

- 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: An Overview, Causes, and Treatment

- 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

Dissociative Identity Disorder (DID)

- 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 organic cause

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

- Well Established Treatments Are Generally Lacking