

Somatoform Disorders

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

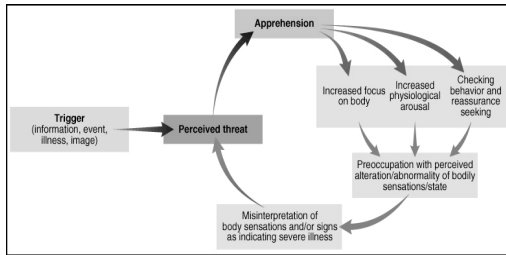
- Clinical Description
 - Physical complaints; no clear cause
 - Severe anxiety over having a serious disease
 - Strong disease conviction
 - Medical reassurance useless
- Statistics
 - Prevalence unknown
 - Onset at any age, chronic



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



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

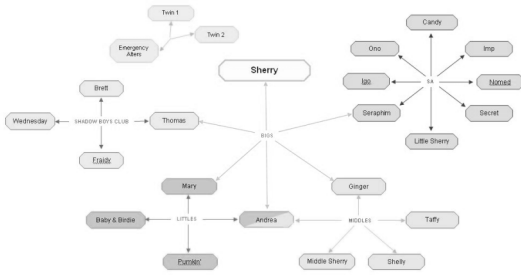
- Alters – Refers to the different identities or personalities in DID
- Host – The identity that seeks treatment and tries to keep identity fragments together
- Switch – Often instantaneous transition from one personality to another

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 an organic cause
- **Features of Dissociative Disorders**
 - Extreme distortions in perception and memory
- **Well Established Treatments Are Generally Lacking**
