Somatoform Disorders

• Soma – Meaning Body
  – Preoccupation with health and/or body appearance and functioning
  – No identifiable medical condition causing the physical complaints

• Types of DSM-IV Somatoform Disorders
  – Hypochondriasis
  – Somatization disorder
  – Conversion disorder
  – Pain disorder
  – Body dysmorphic disorder

Hypochondriasis

• Clinical Description

• Statistics
  – Good prevalence data are lacking
  – Onset at any age, and runs a chronic course

Hypochondriasis: Causes and Treatment

• Causes
  – Cognitive perceptual distortions
  – Familial history of illness

• Treatment
Integrative model of causes of hypochondriasis

Figure 5.1

Somatization Disorder

- Clinical Description

- Statistics
  - Rare condition
  - Onset usually in adolescence
  - Mostly affects unmarried, low SES women
  - Runs a chronic course

Somatization Disorder: Causes and Treatment

- Causes
  - Familial history of illness
  - Relation with antisocial personality disorder
  - Weak behavioral inhibition system

- Treatment
  - No treatment exists with demonstrated effectiveness
  - Reduce the tendency to visit numerous medical specialists
  - Assign “gatekeeper” physician
  - Reduce supportive consequences of talk about physical symptoms
Conversion Disorder

• Clinical Description

• Statistics
  – Rare condition, with a chronic intermittent course
  – Seen primarily in females, with onset usually in adolescence
  – Not uncommon in some cultural and/or religious groups

Conversion Disorder: Causes and Treatment

• Causes
  – Freudian psychodynamic view is still popular
  – Emphasis on the role of trauma, conversion, and primary/secondary gain
  – Detachment from the trauma and negative reinforcement seem critical

• Treatment

Body Dysmorphic Disorder

• Clinical Description

• Statistics
  – More common than previously thought
  – Usually runs a lifelong chronic course
  – 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
  – Little is known – Disorder tends to run in families
  – Shares similarities with obsessive-compulsive disorder

• Treatment
  – Treatment parallels that for obsessive compulsive disorder
  – Medications (i.e., SSRIs) that work for OCD provide some relief
  – Exposure and response prevention are also helpful
Plastic surgery is often unhelpful

**An Overview of Dissociative Disorders**

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

- 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

- 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**

- **Facts and Statistics**
  - More common in females than males
- **Causes**
  - Often attributable to a life stressor or trauma

**Dissociative Identity Disorder (DID): An Overview**

- **Clinical Description**

- **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

**Dissociative Identity Disorder (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

• 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