Abnormal Psychology
PSYCH 40111

Somatoform and Dissociative Disorders

EXPLORING SOMATOFORM AND DISSOCIATIVE DISORDERS
These two sets of disorders share some common features and are strongly linked historically as “hysterical neuroses.” Both are relatively rare and not yet well understood.

Somatoform Disorders
- Soma – Meaning Body
  - Overly preoccupied with their health or body appearance
  - No identifiable medical condition causing the physical complaints
- Types of DSM-IV Somatoform Disorders
  - Conversion disorder involves a change in sensory/motor function
  - Somatization disorder involves recurrent, multiple somatic complaints
  - Pain disorder, chronic pain results in distress
  - Body dysmorphic disorder involves a preoccupation with an imagined physical defect
  - Hypochondriasis is a preoccupation with disease
Conversion Disorder

- Conversion Disorder involves sensory or motor symptoms
  - Not related to known physiology of the body
    - E.g. glove anesthesia
  - Conversion symptoms appear suddenly
  - Conversion symptoms are related to stress
  - Malfunctioning often involves sensory-motor areas
  - Persons show *la belle indifference*
  - Retain most normal functions, but without awareness of this ability
Conversion Disorder

Facts and Statistics
- Rare condition, with a chronic intermittent course
- Seen primarily in females, with onset usually in adolescence
- More prevalence in less educated, low SES groups
- 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
  - Behavioral view focuses on similarity to malingering
  - The incidence of conversion disorder has declined, suggesting a role for social factors

Treatment
- Core strategy is attending to the trauma
- Removal of sources of secondary gain
- Reduce supportive consequences of talk about physical symptoms

Somatization Disorder

Somatization Disorder involves recurrent, multiple somatic complaints with no known physical basis
- Extended history of physical complaints before age 30
- Substantial impairment in social or occupational functioning
- Concerned over the symptoms themselves, not what they might mean
- Symptoms become the person’s identity

Facts and Statistics
- Rare condition (Lifetime prevalence is < 0.5%)
- 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

Hypochondriasis

- **Overview and Defining Features**
  - Physical complaints without a clear cause
  - Severe anxiety focused on the possibility of having a serious disease
  - Strong disease conviction
  - Medical reassurance does not seem to help

- **Facts and 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
  - Challenge illness-related misinterpretations
  - Provide more substantial and sensitive reassurance
  - Stress management and coping strategies

Body Dysmorphic Disorder ("Imagined Ugliness")

- Overview and Defining Features
  - Previously known as dysmorphophobia
  - Preoccupation with imagined defect in appearance
  - Either fixation or avoidance of mirrors
  - Suicidal ideation and behavior are common
  - Often display ideas of reference for imagined defect

- Facts and Statistics
  - 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
  - Usually runs a lifelong chronic course
Body Dysmorphic Disorder: Causes and Treatment

- **Causes**
  - Little is known; though this disorder tends to run in families
  - Shares similarities with obsessive-compulsive disorder
  - Detachment from the trauma and negative reinforcement seem critical

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

Somatoform Disorders: Theory and Therapy

- **The psychodynamic perspective**
  - Somatizing as conflict resolution
  - Uncovering conflict

- **The behavioral and sociocultural perspectives**
  - The sick role
  - Treatment by nonreinforcement

- **The cognitive perspective**
  - Overattention to the body
  - Treatment: challenging faulty beliefs

- **The biological perspective**
  - Genetic studies
  - Brain dysfunction
  - Drug treatment

Dissociative Disorders

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

- **Types of DSM-IV Dissociative Disorders**
  - Dissociative amnesia is the inability to recall important personal information
  - Dissociative fugue involves extensive memory loss
  - Dissociative identity disorder involves an alteration of a person’s self-experience
  - Dissociative identity disorder (DID) involves the presence of two distinct identities (alters)
Depersonalization Disorder

Overview and Defining Features
- Severe and frightening feelings of unreality and detachment
- Such feelings and experiences dominate and interfere with life functioning
- Depersonalization: a sense of strangeness or unreality in oneself
- Derealization: a feeling of strangeness about the world

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
- Cognitive deficits correspond with reports of tunnel vision and mind emptiness
- Such persons are easily distracted

Treatment
- Little is known

Table 16-1: DSM-IV Checklist

**Dissociative Amnesia**
1. One or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.
2. Significant distress or impairment.

Dissociative Amnesia and Fugue: Causes and Treatment

- **Facts and Statistics**
  - Dissociative amnesia and fugue usually begin in adulthood
  - Both conditions show rapid onset and dissipation
  - Both conditions are mostly seen in females

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

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

Dissociative Trance Disorder: An Overview

- **Overview and Defining Features**
  - Symptoms resemble those of other dissociative disorders
  - Differs in important ways across cultures
  - Involves dissociative symptoms and sudden changes in personality
  - Symptoms and personality changes are often attributed to possession of a spirit

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

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**Table 16-2: DSM-IV Checklist**

**DISSOCIATIVE FUGUE**

1. Sudden, unexpected travel away from home or one's customary place of work, with inability to recall one's past.
2. Confusion about personal identity, or the assumption of a new identity.
3. Significant distress or impairment.

Dissociative Trance Disorder: Causes and Treatment

- **Causes**
  - Often attributable to a life stressor or trauma
  - Only abnormal if the trance is considered undesirable/pathological by the culture

- **Treatment**
  - Little is known

Dissociative Identity Disorder

- **Overview and Defining Features**
  - Involves adoption of several new identities (as many as 100)
  - Identities display unique sets of behaviors, voice, and posture

- **Unique Aspects of DID**
  - Alternates – 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

Table 16-3 DSM-IV Checklist

**Multiple Personality Disorder (Dissociative Identity Disorder)**

1. The presence of two or more distinct identities or personality states.
2. Control of the person's behavior recurrently taken by at least two of these identities or personality states.
3. An inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

Based on APA, 2000, 1994
Dissociative Identity Disorder

- Facts and 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
Consciousness is normally a unified experience, consisting of cognition, emotion and motivation.

Stress may alter the fashion in which memories are stored, resulting in amnesia or fugue.

Almost all patients have histories of horrible, unspeakable, child abuse.

Most are also highly suggestible.

DID is believed to represent a mechanism to escape from the impact of trauma.

Closely related to PTSD.

Psychoanalytic therapy seeks to lift repressed memories.

Hypnosis is used in the treatment of DID.

Goal of therapy for DID is to:

- Integrate the several personalities.
- Help each alter understand that he or she is part of one person.
- Identify and neutralize cues/trigger that provoke memories of trauma/dissociation.
- Treat the alters with fairness and empathy.
Diagnostic Considerations in Somatoform/Dissociative Disorders

- Separating Real Problems from Faking
  - The Problem of Malingering – Deliberately faking symptoms

- Related Conditions – Factitious disorders
  - Factitious disorder by proxy

- False Memories and Recovered Memory Syndrome

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Table 10.1 DSM-IV Checklist

FICTITIOUS DISORDER
1. Intentional production or feigning of physical signs or symptoms;
2. Physical symptoms motivated by a desire to assume the sick role;
3. Absence of economic or other external incentives for the behavior.


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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