

CHAPTER 6: SOMATOFORM AND DISSOCIATIVE DISORDERS

- I. SOMATOFORM DISORDERS-** a group of disorders in which people experience significant physical symptoms for which there is no apparent organic cause.
 - i.** often symptoms are inconsistent with possible physiological processes and there is strong reason to believe psychological factors are involved.
 - ii.** Truly experience the symptoms and they pass only when the psychological factors that led to them are resolved
 - iii.** Difficult to detect if the person has a real physical disorder that may be difficult to diagnose and detect, and much easier to diagnose when psychological factors leading to the symptoms can be identified or when physical examination cannot provide a physiological response.
 - iv. Dissociation-** different parts of an individuals identity, memories, or consciousness split from one another.
- b. Distinguishing Somatoform Disorders from Related Disorders**
 - i. Psychosomatic disorders-** an actual documented illness or deficit that is being worsened by psychological factors
 - ii. Malingering-** people fake a symptom or disorder to avoid an unwanted situation or to gain something
 - iii. Factitious disorders-** person deliberately fakes an illness to gain medical attention and play the sick role (munchausens)
 - iv. Factitious Disorder by Proxy-** when patients fake or even create illnesses in their children in order to gain attention for themselves.
 - v. Somatoform-** no illness can be documented
- c. Types of Somatoform Disorders**
 - i. Conversion Disorder-** most dramatic type in which people lose functioning in a part of their bodies due to neurological or other general medical causes.
 - i.** One or more specific symptom such as paralysis, blindness, glove anesthesia (lose feeling in one hand) but a person can have repeated episodes in different parts of the body.
 - ii.** Usually develops after a extreme psychological stressor
 - b. Theories:**
 - i. Freud-** viewed conversion symptoms as the result of the transfer of the psychic energy attached to repressed emotions and memories to physical symptoms.
 - c. Treatment-** difficult because they do not believe there is anything wrong with them psychologically
 - i. Psycholanalytic-** epression of painful emotions nad memories on insight into the relations

between them and the symptoms

- ii. **Behavioral-** relieving the persons anxiety around the initial trauma that caused the symptoms and on reducing any benefits the person is receiving from the symptoms.

ii. Somatization Disorder and Pain disorder

- a. **Somatization-** long history of complaints about physical symptoms affecting many areas of the body for which medical attention has been sought but they appear to have no physical cause. Yet are long term problems. MULTIPLE COMPLAINTS
- b. **Pain Disorder-** people who complain ONLY of chronic pain due to psychological factors
- c. **Diagnosis:**
 - i. Person has to complain of symptoms in at least four areas of the body: 2 non pain related GI symptoms, 1 non pain related sexual symptom, 1 neurological symptom → variety of symptoms= SOMATIZATION
 - ii. Complaints often presented vaguely, dramatically or exaggerated ways and the individual insists on medical attention. (more common in older adults, major depression)
- d. **Theories:**
 - i. **Family History-** primarily in females and accompanied by anxiety and depression. Males more associated with alcoholism and antisocial personalities.
 - ii. **Cognitive-** experience bodily sensations more intensely than others and pay more attention to physical symptoms and catastrophize them.
- e. **Treatment**
 - i. Difficult because they believe that they are physically ill nor psychologically.
 - ii. If they do agree to psychological treatment they respond well to interventions that teach them to express negative feelings and understand the relations between their feelings and physical symptoms.
 - iii. **Psychodynamic therapy-** insight into the connection and help people recall events and memories that may have triggered their symptoms
 - iv. **Behavioral therapy-** reinforcements individuals receive for their symptoms and eliminate them while increasing positive rewards for healthy

behavior

- v. **Cognitive Therapy**- interpret their physical symptoms appropriately and avoid catastrophizing them.
- iii. **Hypochondriasis**- worry that they have a serious disease but do not always experience severe physical symptoms. May go through many medical procedures and float from physician to physician.
 - a. Misinterpret fears about their health and distress and any physical change as a sign for concern
 - b. Do not appreciate any psychological explanation
 - c. **Cognitive Behavioral Treatment**- focus on identifying and challenging illness beliefs and misinterpretations of physical sensations have shown some positive effects.
 - d. **Complex somatization disorder**- somatization, pain and hypochondriasis disorders grouped together and diagnosed if multiple bodily symptoms for at least 6 mos and worry intensely about their health and catastrophize their health and organize their lives around these concerns.
- iv. **Body Dysmorphic Disorder**- excessively preoccupied with a part of their body that they believe is defective
 - a. **Women**- more concerned with their hips, legs, breasts and weight
 - b. **Men**- small body build, genitals, body hair, thinning hair
 - c. Tends to begin at 16 years old and become chronic if untreated and impaired functioning
 - d. **Cognitive Behavioral Therapies**- challenging clients maladaptive cognitions about their body exposing them to feared situations concerning their body, extinguishing anxiety about their body parts and preventing compulsive responses to those body parts.

- II. **DISSOCIATIVE DISORDERS**-systems of ideas are split off from consciousness but remain accessible through dreams and hypnosis
- a. **Hilgard**- argued that there is an active mode to consciousness and a passive receptive mode which weave our experiences together but people who have dissociative disorders have problems integrating their active and receptive consciousness.
 - b. **Controversy**- repressed memories
 - c. **Dissociative Identity Disorder (DID)**- most controversial and fascinating disorders. People appear to have more than one distinct identity or personality and many have more than a dozen.
 - i. Each personality has different ways of perceiving and relating to the world and each takes control over the individual's behavior on a regular basis
 - ii. Difficult to diagnose normally people are previously diagnosed