Psychopathology Lab # 9: Somatoform and Dissociative Disorders

Course: 3313-300
TA: Blair Kleiber
REVIEW OF TEST

- I am not at liberty to give you more points on the exam. If you have any questions about your grade, submit your request in an email to Dr. Mittal.
- We can go over questions that you have at the end of class.
Somatoform Disorders
Preoccupation with health or appearance
Somatoform Disorders

- Hypochondriasis
- Somatization Disorder
- Conversion Disorder
- Body Dysmorphic Disorder
Hypochondriasis

- SYMPTOMS:
  - Chronic worry that one has a serious medical disease despite evidence that one does not
  - Frequent consultations with physicians over this worry

- ETIOLOGY:
  - Family history
  - Family environment
Hypochondriasis Example
Somatization Disorder

SYMPTOMS:
- Numerous unexplained physical complaints (prior to age 30)
  - Must have: 4 pain symptoms, 2 GI symptoms, 1 sexual symptom, 1 neurological symptom
- Symptoms are identity

ETIOLOGY:
- Similar to hypochondriasis
Conversion Disorder

- Freud: psychological anxiety or stress was “converted” into physical symptoms
- Examples: Blindness, paralysis
- SYMPTOMS:
  - Loss of functioning in some part of the body due to psychological causes
  - La belle indifférence
- ETIOLOGY:
  - Trauma or stress
  - Primary gain: reduce anxiety of psychological trauma
  - Secondary gain: received attention and sympathy
EXAMPLE

- Sexual abuse

Memory repressed

Sexual relationship = stress

Anxiety increases and threatens consciousness

Escapes sexual encounter, stress avoided

Paralysis?
Related Disorders

- **Have you or someone you know ever faked being sick? Why?**

- **Malingering**
  - Intentionally producing a symptom for a clear secondary gain (usually money, legal cases, etc)
  - Example: Hillside Strangler

- **Factitious Disorder**
  - Feigning illness for no secondary gain except perhaps attention
  - **By proxy:** may go to extreme measures to create appearance of or actual illness in child
Factitious Disorder by Proxy Example
Body Dysmorphic Disorder

- **SYMPTOMS:**
  - Preoccupation with imagined deficit in appearance by someone who looks “normal”
  - Checking and compensating

- **ETIOLOGY:**
  - Little is known
  - Comorbid with
    - OCD
    - Hypochondriasis

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Example
Example
Differential Diagnoses

- Hypochondriasis = fear or anxiety about having a disease/disorder
- Somatization = experience of actual physical symptoms
- Conversion = neurological dysfunction of vital process
- Malingering = deliberate faking for gain
- Factitious Disorder = faking to be in sick role
Dissociative Disorders

- “The essential feature of the Dissociative Disorders is a disruption in the usually integrated functions of consciousness, memory, identity, or perception. The disturbance may be sudden or gradual, transient or chronic.”

- Dissociative Experiences Scale
  - What are some “normal” periods of dissociation?
Dissociative Disorders: Defining Characteristics

- **Dissociative Amnesia**: inability to recall important personal information.
- **Dissociative Fugue**: sudden, unexpected travel with an inability to recall one’s past.
- **Dissociative Identity Disorder**: “Multiple Personality Disorder.”
- **Depersonalization Disorder**: Persistent or recurrent experiences of feeling detached from, and as if one is an outside observer of, one’s mental processes or body (e.g., feeling like one is in a dream).
Class Discussion: Dissociative Fugue

- Read the dissociative fugue article
- Discuss in small groups
- Controversy- Is this a real disorder or just people running away from their lives?