Somatoform and Dissociative Disorders I
An Overview of Somatoform Disorders

- Soma = Body
- Somatoform Disorders
  - Hypochondriasis
  - Somatization disorder
  - Conversion disorder
  - Pain disorder
  - Body dysmorphic disorder
Hypochondriasis: An Overview

• **Hypochondriasis** (Greek word for region below the ribs/organs believed to affect mental state: ulcers, stomach pain).

• **Clinical Description**
  – Anxiety or fear of **having** a disease
  – High comorbidity with anxiety/mood disorders
  – Focus on bodily symptoms
    • Normal
    • Mild
    • Vague
Hypochondriasis: An Overview

• Clinical Description (cont.)
  – Little benefit from medical reassurance
  – Strong disease conviction
    • Misperceptions of symptoms
    • Checking behaviors
    • High trait anxiety
Hypochondriasis: An Overview

- **Statistics**
  - 1% to 14% of medical patients
    - 6.7% median rate
  - Female : Male = 1:1
  - Onset at any age
    - Peaks: adolescence, middle age, elderly
  - Chronic course
Hypochondriasis

• Culture-Specific Syndromes

India – dhat

dhat is defined as "vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite, guilt and sexual dysfunction attributed by the patient to loss of semen in nocturnal emissions, through urine and masturbation." The anxiety related to semen loss can be traced back thousands of years to Ayurvedic texts, where the loss of a single drop of semen, the most precious body fluid, could destabilize the entire body.

China – koro

Koro is probably one of the better known of the culture-bound disorders. The primary symptoms is that the penis (in males) or the vulva and breasts (in women) are receding into the body, possibly causing death. It is more common in males, who will go to great lengths to stop this from happening. Similar to dhat, or semen-loss syndrome, Koro is sometimes believed to be caused by inappropriate sex, such as masturbation or sex outside of marriage, which result in an imbalance of the male/female principle (yin and yang).

http://rjg42.tripod.com/culturebound Syndromes.htm
Hypochondriasis

• **Causes**
  – Familial history of illness
    • Genetics
    • Modeling/learning
  – Other factors
    • Stressful life events
    • High family disease incidence
    • “Benefits” of illness
Hypochondriasis - Treatment

• Psychodynamic
  – Uncover unconscious conflict
  – Limited efficacy data

• Educational & Supportive
  – Giving support is contradictory to the nature of the illness but seems to work
  – Ongoing and sensitive
  – Detailed and repeated information
  – Beneficial for mild cases
Hypochondriasis - Treatment

• **Cognitive-Behavioral**
  – Identify and challenge misinterpretations
  – “Symptom creation”
  – Stress-reduction
  – Best efficacy data
    • Vs. medications (SSRI)
    • Immediate and 1 year follow-up
Somatization Disorder

• Pierre Briquet

• Clinical Description
  – Long history of physical complaints
  – Significant impairment

  – **Chief Difference with Hypochondriasis**
    Somatization: Concern about symptoms (e.g., “doc, my leg hurts)

    Hypochondriasis: Focus on the overall meaning (“my leg hurts –this must mean I have cancer and am going to die next month”)

  – **Symptoms = identity** (can come to define you as a person)
Somatization Disorder

• History of being difficult to diagnose (e.g., in DSM III, 13/35 symptoms necessary)
  – As a result, rarely followed (etiological studies) and poorly understood

• Statistics
  – Rare
    • 4.4%; 16.6% in medical settings
  – Onset = adolescence
  – Female : male = ~2:1
    • Unmarried, low SES
  – Chronic course
Somatization Disorder: Causes

• History of family illness or injury

• Links to antisocial personality disorder
  – But no callousness or aggressiveness associated with somatization
  – A weak behavioral inhibition system (BIS) can't control BAS, which causes excessive:
    • Impulsivity
    • Novelty-seeking
    • Provocative sexual behavior
    • May be the same risk factor for APD but cultural and social factors decide which way a person goes.
Somatization Disorder: Treatment

- No “cures”

- Huge societal cost (they are on disability$, and clogging up health system, raising insurance etc).

- APA stance on sex with clients!

- Cognitive-behavioral interventions
  - Initial reassurance
  - Stress-reduction
  - Reduce frequency of help-seeking behaviors
Somatization Disorder: Treatment

• SSRI treatment may help but side effect profile actually ends up playing into the somatization disorder and frightening individuals.

• “Gatekeeper” physician
  – Reduce visits to numerous specialists

• Conditioning
  – Reward positive health behaviors
  – Punish problem behaviors
    • Remove supportive consequences
Review

• Sue and John report experiences of physical symptoms of pain and discomfort.

• Both have been examined by physicians and declared healthy.
  
  – Sue is concerned that her pain is a sign of a more serious illness while John is not worried about this.

  – John is so focused on his pain of his specific symptom that he finds it hard to participate in normal life activities.
Conversion Disorder

• Popularized by Freud
  – Anxiety from unconscious conflicts changed into physical symptoms to find an expression!

• Clinical Description
  – Physical malfunctioning
    • sensory-motor areas
      – Blindness, paralysis, difficulty vocalizing
  – Lack physical or organic pathology
  – Lack awareness
  – “La belle indifference”
    • Possible, but not always (21%)
  – Intact functioning
    • Visual tests study
How to tell if it is a real disorder, conversion, or just a person faking:

- **Malingering**
  - Intentionally produced symptoms
  - Clear benefit
  - **No precipitating stressful event**
    - (roughly 50-90% of real CD cases have this)
  - Impaired function
    - CD cases don’t have impaired function usually
    - This is really counterintuitive so, it serves as a great way to distinguish malingers
      - “individuals with a conversion symptom of blindness can usually avoid objects, but they will also tell you that they can’t see objects!”
      - If “parallelized” and emergency occurs, they will get up and run, but then be astounded!

- **Factitious Disorder/Munchausen’s** (somewhere in-between malingering and conversion disorders)
  - Intentionally produced symptoms
  - Different than Malingering because there is: **No obvious benefit**
    - The motivation for the behavior is to assume the sick role
Malingering

• **Warning signs**
  – Medicolegal context – e.g. the person is referred by an attorney to the clinician for examination
  – Marked discrepancy between the person’s claimed stress or disability and the objective findings
  – Lack of cooperation during the diagnostic evaluation and in complying with the prescribed treatment regimen
  – The presence of Antisocial Personality Disorder
Factitious Disorder vs. Malingering

• Motivation:
  – Factitious Disorder – no external incentives are present, rather, the motivation is a desire to maintain the “sick role”
  – Malingering – external incentives are present

  – Mistakes are still made (4-10% given conversion when there is a real illness: discovered through longitudinal studies or archival design).
Conversion Disorder

• **Statistics**
  – **Rare**
  – Prevalence depends on setting
    • Rare in mental health settings, but remember that people who seek help for this are more likely to consult specialist (e.g., neurologist etc).
    • Common in Neurology and Epilepsy clinic(s)
  – **Female > male**
  – Onset = adolescence
  – Chronic, intermittent course
    • Will disappear, then return in the same form when a new stressor occurs.
Conversion Disorder

• Special populations
  – Soldiers
  – Children
    • Better prognosis?

– Cultural considerations
  • Religious experiences
  • Rituals

Video
Conversion Disorder: Causes

• Anno O.

• Freudian psychodynamic view
  – Trauma, conflict experience (can’t run)
  – Repression
  – “Conversion” to physical symptoms
    • Primary gain
    • La belle indiference
  – Attention and support
    • Secondary gain
Conversion Disorder: Causes

• Behavioral
  – Traumatic event must be escaped
  – Avoidance is not an option
  – Social acceptability of illness
    • Running always is unacceptable but getting sick is an acceptable alternative.
    • However… getting sick on purpose is not okay so this is done unconsciously.
  – Negative reinforcement
    • Because the escape behavior is successful to the extent of obliterating the traumatic situation, the behavior continues until the underlying problem is resolved.
Conversion Disorder: Causes

• Family/Social/Cultural
  – Low SES
  – Limited disease knowledge
    • Patients tend to adopt symptoms from familiar diseases
    • These disorders are becoming less common as people are learning more about health (internet)
  – Family history of illness
Conversion Disorder: Treatment

• Similar to somatization disorder
  – Attending to trauma
    • Reliving the stressful event or catharsis (Anna O.)
  – Remove secondary gain (remove supportive consequences of symptoms)
  – Reduce supportive consequences
  – Reward positive health behaviors
Review

• Conversion Disorder:
• Factitious Disorder:
• Malingering:

A person who fakes symptoms for a goal is called a ____.
A person who fakes a disease for no clear goal has a _____disorder.
Pain Disorder

• Clinical Description
  – Pain in one or more areas
  – Significant impairment
  – Etiology may be physical
  – Maintained by psychological factors

• DSM V?
Pain Disorder

• **Statistics**
  – Fairly common
  – 5% - 12%

*It feels real, regardless of the psychological origin*

• **Treatment**
  – Combined medical and psychological
Body Dysmorphic Disorder

- **Dysmorphophobia**

- Difficult to classify as it contains components of several disparate disorders

- **Clinical Description**
  - Preoccupation with imagined defect in appearance
  - Impaired function
    - People will stop leaving their house, avoid mirrors, engage in checking or compensating rituals
    - Social
    - Occupational
**TABLE 6.3** Location of Imagined Defects in 200 Patients With Body Dysmorphic Disorder

<table>
<thead>
<tr>
<th>Location</th>
<th>%</th>
<th>Location</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>80</td>
<td>Overall appearance of face</td>
<td>19</td>
</tr>
<tr>
<td>Hair</td>
<td>58</td>
<td>Small body build</td>
<td>18</td>
</tr>
<tr>
<td>Nose</td>
<td>39</td>
<td>Legs</td>
<td>18</td>
</tr>
<tr>
<td>Stomach</td>
<td>32</td>
<td>Face size or shape</td>
<td>16</td>
</tr>
<tr>
<td>Teeth</td>
<td>30</td>
<td>Chin</td>
<td>15</td>
</tr>
<tr>
<td>Weight</td>
<td>29</td>
<td>Lips</td>
<td>14.5</td>
</tr>
<tr>
<td>Breasts</td>
<td>26</td>
<td>Arms or wrists</td>
<td>14</td>
</tr>
<tr>
<td>Buttocks</td>
<td>22</td>
<td>Hips</td>
<td>13</td>
</tr>
<tr>
<td>Eyes</td>
<td>22</td>
<td>Cheeks</td>
<td>11</td>
</tr>
<tr>
<td>Thighs</td>
<td>20</td>
<td>Ears</td>
<td>11</td>
</tr>
<tr>
<td>Eyebrows</td>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Body Dysmorphic Disorder

- Clinical Description
  - Fixation or avoidance of mirrors
  - Suicidal ideation and behavior
  - Unusual behaviors
    - Ideas of reference
      - Everything that goes on in the world is related to them (in this case, their imagined ugliness/defect etc).
    - Checking/compensating rituals

- Delusional disorder: somatic type?
  - Many are unable to realize, even for a second, that their ideas are irrational (different than OCD). This is still debated- DSM V
Body Dysmorphic Disorder

• Statistics
  – 1% to 15%
    • 28% of college students meet criteria and as many as 70% show symptoms.
  – Female : Male = ~1:1
    • Different areas of focus
  – Onset = early 20s
  – Most remain single
  – Lifelong, chronic course

• Difficult to estimate prevalence because individuals keep it a secret.
Body Dysmorphic Disorder: Causes

- Little scientific knowledge

- Serious: patients will alter their own appearance if they cannot afford surgery (staple gun; nip tuck; at home-lipo-suction)

- More commonly seen in plastic surgeon or dermatology clinics than in mental health settings.

- Cultural imperatives
  - Body size
  - Skin color (lightening)

- Similarities with OCD
  - Intrusive thoughts
  - Rituals
  - Age of onset and course
Body Dysmorphic Disorder: Treatment

• Similar to OCD
  – Medications (SSRIs)
  – Exposure and response prevention
• 6-15% of cosmetic surgery clients
• Plastic surgery is often unhelpful
Links

- [http://www.youtube.com/watch?v=iGpXm4eFlow&feature=related](http://www.youtube.com/watch?v=iGpXm4eFlow&feature=related)
- [http://www.youtube.com/watch?v=aWcMPiAGtQs&feature=channel](http://www.youtube.com/watch?v=aWcMPiAGtQs&feature=channel)
- [http://www.youtube.com/watch?v=37QRuhsWWnc](http://www.youtube.com/watch?v=37QRuhsWWnc)
- [http://www.youtube.com/watch?v=0tw7UvFu8ns](http://www.youtube.com/watch?v=0tw7UvFu8ns)
- [http://www.youtube.com/watch?v=AUB85lSj4pM](http://www.youtube.com/watch?v=AUB85lSj4pM)
- [http://www.youtube.com/watch?v=iAuc2xAM7-8](http://www.youtube.com/watch?v=iAuc2xAM7-8)
- [http://www.youtube.com/watch?v=veXBpzjW0u4](http://www.youtube.com/watch?v=veXBpzjW0u4)