Somatoform and Dissociative Disorders

Chapter 7

Comer, Abnormal Psychology, 8e

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Somatoform and Dissociative Disorders

• In addition to disorders covered earlier, two other kinds of disorders are commonly linked to stress and anxiety:
  – Somatoform disorders
  – Dissociative disorders

Somatoform and Dissociative Disorders

• Somatoform disorders are problems that appear to be medical but are actually caused by psychosocial factors
  – Unlike psychophysiological disorders, in which psychosocial factors interact with genuine physical ailments, somatoform disorders are psychological disorders masquerading as physical problems
Somatoform and Dissociative Disorders

- Dissociative disorders are patterns of memory loss and identity change that are caused almost entirely by psychosocial factors rather than physical ones

Somatoform and Dissociative Disorders

- The somatoform and dissociative disorders have much in common:
  - Both may occur in response to severe stress
  - Both have traditionally been viewed as forms of escape from stress
  - A number of individuals suffer from both a somatoform and a dissociative disorder
  - Theorists and clinicians often explain and treat the two groups of disorders in similar ways

Somatoform Disorders

- When a physical ailment has no apparent medical cause, doctors may suspect a somatoform disorder
- People with such disorders do not consciously want or purposely produce their symptoms
  - They believe their problems are genuinely medical
- There are two main types of somatoform disorders:
  - Hysterical somatoform disorders
  - Preoccupation somatoform disorders
What Are Hysterical Somatoform Disorders?

• People with hysterical somatoform disorders suffer actual changes in their physical functioning
  – These disorders are often hard to distinguish from genuine medical problems – key is the absence of the usual course of development of the physical symptoms
  – It is always possible that a diagnosis of hysterical disorder is a mistake and that the patient’s problem has an undetected organic cause

What Are Hysterical Somatoform Disorders?

• DSM-IV-TR lists three hysterical somatoform disorders:
  – Conversion disorder
  – Somatization disorder
  – Pain disorder associated with psychological factors
What Are Hysterical Somatoform Disorders?

• Conversion disorder
  – In this disorder, a psychosocial conflict or need is converted into dramatic physical symptoms that affect voluntary or sensory functioning
  • Symptoms often seem neurological, such as paralysis, blindness, or loss of feeling
  – Most conversion disorders begin between late childhood and young adulthood
  – They are diagnosed in women twice as often as in men
  – They usually appear suddenly, at times of stress, and are thought to be rare

What Are Hysterical Somatoform Disorders?

• Somatization disorder
  – People with somatization disorder have many long-lasting physical ailments that have little or no organic basis
  • Also known as Briquet’s syndrome
  – To receive a diagnosis, a patient must have a range of ailments, including several pain symptoms, gastrointestinal symptoms, a sexual symptom, and a neurological symptom
  – Patients usually go from doctor to doctor in search of relief

What Are Hysterical Somatoform Disorders?

• Somatization disorder
  – Patients often describe their symptoms in dramatic and exaggerated terms
  • Most also feel anxious and depressed
  – This disorder lasts much longer than a conversion disorder, typically for many years
  – Symptoms may fluctuate over time but rarely disappear completely without therapy
What Are Hysterical Somatoform Disorders?

- Pain disorder associated with psychological factors
  - Patients may receive this diagnosis when psychosocial factors play a central role in the onset, severity, or continuation of pain
  - Although the precise prevalence has not been determined, it appears to be fairly common
    - The disorder often develops after an accident or illness that has caused genuine pain
    - The disorder may begin at any age, and more women than men seem to experience it

- Hysterical vs. medical symptoms
  - Because hysterical somatoform disorders are so similar to “genuine” medical ailments, physicians sometimes rely on oddities in the patient’s medical picture to help distinguish the two
    - For example, hysterical symptoms may be at odds with the known functioning of the nervous system, as in cases of glove anesthesia

- Hysterical vs. factitious symptoms
  - Hysterical somatoform disorders are different from patterns in which individuals are purposefully producing or faking medical symptoms
    - Patients may malinger – intentionally fake illness to achieve external gain (e.g., financial compensation, military deferment)
    - Patients may display a factitious disorder – intentionally producing or faking symptoms simply out of a wish to be a patient
Factitious Disorder

- People with a factitious disorder often go to extremes to create the appearance of illness
  - Many secretly give themselves medications to produce symptoms
- Patients often research their supposed ailments and are impressively knowledgeable about medicine

Factitious Disorder

- Munchausen syndrome is the extreme and long-term form of factitious disorder
- In Munchausen syndrome by proxy, a related disorder, parents make up or produce physical illnesses in their children

What Are Preoccupation Somatoform Disorders?

- Preoccupation somatoform disorders include hypochondriasis and body dysmorphic disorder
  - People with these problems misinterpret and overreact to bodily symptoms or features
- Although these disorders also cause great distress, their impact on one’s life differs from that of hysterical disorders
What Are Preoccupation Somatoform Disorders?

• Hypochondriasis
  – People with hypochondriasis unrealistically interpret bodily symptoms as signs of a serious illness
    • Often their symptoms are merely normal bodily changes, such as occasional coughing, sores, or sweating
  – Although some patients recognize that their concerns are excessive, many do not

• Body dysmorphic disorder (BDD)
  – People with this disorder, also known as dysmorphophobia, become deeply concerned about some imagined or minor defect in their appearance
    • Most often they focus on wrinkles, spots, facial hair, swelling, or misshapen facial features (nose, jaw, or eyebrows)
  – Most cases of the disorder begin in adolescence but are often not revealed until adulthood
  – Up to 5% of people in the U.S. experience BDD, and it appears to be equally common among women and men
What Causes Somatoform Disorders?

• Theorists typically explain the preoccupation somatoform disorders much as they do the anxiety disorders:
  – Behaviorists: classical conditioning or modeling
  – Cognitive theorists: oversensitivity to bodily cues
  – Psychodynamic: underlying emotional conflicts into physical symptoms
  – Behavioral theorists: brings rewards to sufferers
  – Multicultural view: somatic symptoms as an inferior way of dealing with emotions

How Are Somatoform Disorders Treated?

• People with somatoform disorders usually seek psychotherapy only as a last resort
• Individuals with preoccupation disorders typically receive the kinds of treatments applied to anxiety disorders, particularly OCD:
  – Antidepressant medication
  – Exposure and response prevention (ERP)
  – Cognitive-behavioral therapies

How Are Somatoform Disorders Treated?

• Treatments for hysterical disorders often focus on the cause of the disorder and apply the same kind of techniques used in cases of PTSD, particularly:
  – Insight – often psychodynamically oriented
  – Exposure – client thinks about traumatic event(s) that triggered the physical symptoms
  – Drug therapy – especially antidepressant medication
How Are Somatoform Disorders Treated?

- Other therapists try to address the physical symptoms of the hysterical disorders, applying techniques such as:
  - Suggestion – usually an offering of emotional support that may include hypnosis
  - Reinforcement – a behavioral attempt to change reward structures
  - Confrontation – an overt attempt to force patients out of the sick role
- Researchers have not fully evaluated the effects of these particular approaches on hysterical disorders

Dissociative Disorders

- The key to our identity – the sense of who we are and where we fit in our environment – is memory
  - Our recall of past experiences helps us to react to present events and guides us in making decisions about the future
  - People sometimes experience a major disruption of their memory:
    - They may not remember new information
    - They may not remember old information

Dissociative Disorders

- When such changes in memory lack a clear physical cause, they are called “dissociative” disorders
  - In such disorders, one part of the person’s memory typically seems to be dissociated, or separated, from the rest
Dissociative Disorders

- There are several kinds of dissociative disorders, including:
  - Dissociative amnesia
  - Dissociative fugue
  - Dissociative identity disorder (multiple personality disorder)
- These disorders are often memorably portrayed in books, movies, and television programs
- DSM-IV-TR also lists depersonalization disorder as a dissociative disorder
  - This listing is controversial

Dissociative Amnesia

- People with dissociative amnesia are unable to recall important information, usually of an upsetting nature, about their lives
  - The loss of memory is much more extensive than normal forgetting and is not caused by physical factors
  - Often an episode of amnesia is directly triggered by a specific upsetting event
Dissociative Amnesia

- Dissociative amnesia may be:
  - Localized – most common type; loss of all memory of events occurring within a limited period
  - Selective – loss of memory for some, but not all, events occurring within a period
  - Generalized – loss of memory beginning with an event, but extending back in time; may lose sense of identity; may fail to recognize family and friends
  - Continuous – forgetting continues into the future; quite rare in cases of dissociative amnesia

- All forms of the disorder are similar in that the amnesia interferes mostly with a person’s memory for abstract or encyclopedic information, usually remains intact.

- Clinicians do not know how common dissociative amnesia is, but many cases seem to begin serious threats to health and safety.

Dissociative Fugue

- People with dissociative fugue not only forget their personal identities and details of their past, but also flee to an entirely different location.

- ~0.2% of the population experience dissociative fugue:
  - It usually follows a severely stressful event.

- Fugues tend to end abruptly:
  - When people are found before their fugue has ended, therapists may find it necessary to continually remind them of their own identity.
  - The majority of people regain most or all of their memories and never have a recurrence.
Dissociative Identity Disorder (Multiple Personality Disorder)

- A person with dissociative identity disorder (DID; formerly multiple personality disorder) develops two or more distinct personalities (subpersonalities) each with a unique set of memories, behaviors, thoughts, and emotions.

Dissociative Identity Disorder (Multiple Personality Disorder)

- At any given time, one of the subpersonalities dominates the person’s functioning:
  - Usually one of these subpersonalities – called the primary, or host, personality – appears more often than the others.
  - The transition from one subpersonality to the next (“switching”) is usually sudden and may be dramatic.

Dissociative Identity Disorder (Multiple Personality Disorder)

- Most cases are first diagnosed in late adolescence or early adulthood:
  - Symptoms generally begin in childhood after episodes of abuse:
    - Typical onset is before age 5.
  - Women receive the diagnosis three times as often as men.
Dissociative Identity Disorder (Multiple Personality Disorder)

- How do subpersonalities interact?
  - Investigators used to believe that most cases of the disorder involved two or three subpersonalities
    - Studies now suggest that the average number is much higher – 15 for women, 8 for men
      - There have been cases of more than 100!

- How do subpersonalities differ?
  - Subpersonalities often display dramatically different characteristics, including:
    - Physiological responses
      - Researchers have discovered that subpersonalities may have physiological differences, such as differences in autonomic nervous system activity, blood pressure levels, and allergies

- How common is DID?
  - The number of people diagnosed with the disorder has been increasing
  - Although the disorder is still uncommon, thousands of cases have been documented in the U.S. and Canada alone
    - Two factors may account for this increase:
      - A growing number of clinicians believe that the disorder does exist and are willing to diagnose it
      - Diagnostic procedures have become more accurate
  - Despite changes, many clinicians continue to question the legitimacy of this category

How Do Theorists Explain Dissociative Disorders?

- Psychodynamic theorists: caused by repression, the most basic ego defense mechanism
- Behaviorists: believe that dissociation grows from normal memory processes and is a response learned through operant conditioning
- State-dependent learning: if people learn something when they are in a particular state of mind, they are likely to remember it best when they are in the same condition
- Self-hypnosis: can also help people forget facts, events, and their personal identity

How Are Dissociative Disorders Treated?

- People with dissociative amnesia and fugue often recover on their own
  - Only sometimes do their memory problems linger and require treatment
- In contrast, people with DID usually require treatment to regain their lost memories and develop an integrated personality
  - Treatment for dissociative amnesia and fugue tends to be more successful than treatment for DID

How Are Dissociative Disorders Treated?

- How do therapists help people with dissociative amnesia and fugue?
  - The leading treatments for these disorders are psychodynamic therapy, hypnotic therapy, and drug therapy
- How do therapists help individuals with DID?
  - Unlike victims of dissociative amnesia or fugue, people with DID do not typically recover without treatment
How Are Dissociative Disorders Treated?

• How do therapists help individuals with DID?
  – Therapists usually try to help the client by:
    • Recognizing the disorder
    • Recovering memories
    • Integrating the subpersonalities

Depersonalization Disorder

• The central symptom is persistent and recurrent episodes of depersonalization, which is a change in one’s experience of the self in which one’s mental functioning or body feels unreal or foreign
• Depersonalization is often accompanied by derealization – the feeling that the external world, too, is unreal and strange