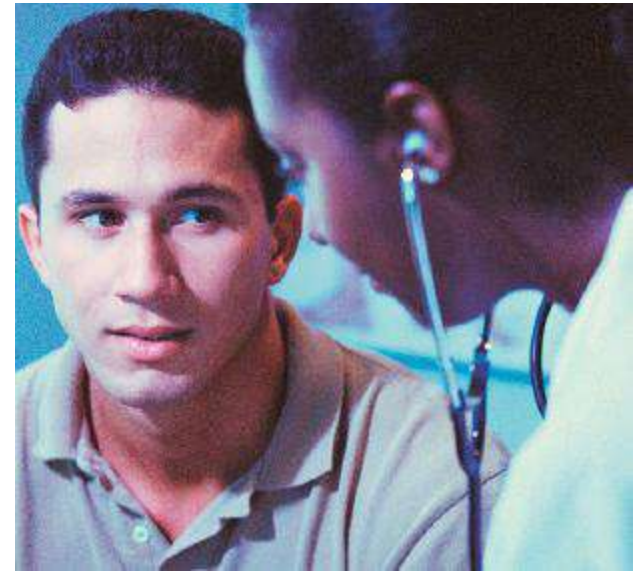


Chapter



Somatoform Disorders, Psychological Factors Affecting Medical Conditions, and Dissociative Disorders

Somatoform Disorders

SOMATOFORM DISORDERS

soma = “body” in Greek

- A wide variety of conditions in which psychological conflicts are translated into physical problems or complaints.
- Impair functioning, cause distress.
- No physiological basis.
- Won't be indicated on physical or neurological tests.

CONVERSION DISORDER



Conversion disorder (“hysteria”) sufferer Bertha Pappenheim, called “Anna O.” in Freud’s writings.

CONVERSION DISORDER

A somatoform disorder involving the translation of unacceptable drives or troubling conflicts into physical symptoms.

CONVERSION DISORDER

Four categories of symptoms:

- Motor symptoms or deficits.
- Sensory symptoms or deficits.
- Seizures or convulsions.
- Mixed presentations.

SOMATIZATION DISORDER

Somatization Disorder:

A somatoform disorder involving the expression of psychological issues through bodily problems that have no basis in physiological function.

SOMATIZATION DISORDER

- May be exaggerating a real physical condition
- Not deliberately “faking”
- Mostly women sufferers
- Most do not voluntarily seek psychotherapy

PAIN DISORDER

In **pain disorder**, pain itself is the predominant complaint not related to a physical cause, whereas conversion disorder patients rarely complain of strong pain as part of their primary “affliction.”

BODY DYSMORPHIC DISORDER



In one variation of body dysmorphic disorder, individuals become obsessed with a desire to enhance their body's appearance.

BODY DYSMORPHIC DISORDER

Body Dysmorphic Disorder:
Somatoform disorder in which people are preoccupied, *almost* to the point of being delusional, with the idea that part of their body is ugly or defective.

BODY DYSMORPHIC DISORDER

- Gender based concerns.
 - Men - Body build, genitals, hair.
 - Women - Weight, breast size or shape, facial features, scars, aging.
- The “defects” are imagined or grossly exaggerated.
- Obsessed with looking at it, thinking about it, concealing it.

HYPOCHONDRIASIS

Hypochondriasis

:

Somatoform disorder that is characterized by the misinterpretation of normal bodily functions as signs of serious illness.



A hypochondriac may spend a small fortune on unnecessary medications to treat imagined bodily disorders.

HYPOCHONDRIASIS

- Preoccupation with perceived abnormal functioning
- Distress that medical tests do not confirm their fears
- Many also suffer anxiety or depression
- Unlike somatization or conversion disorder, there is no abnormal bodily function or medical symptoms

RELATED CONDITIONS

These conditions and behaviors also involve a focus on the body, but are not somatoform disorders because the individuals know they are not really ill.

- MUNCHAUSEN'S SYNDROME
- FACTITIOUS (or MUNCHAUSEN'S) BY PROXY

THEORIES OF SOMATOFORM DISORDERS

n MOTIVATIONS FOR ILLNESS


- § Primary gain

- § Secondary gain

n INTEGRATIVE EXPLANATION

TREATMENT OF SOMATOFORM DISORDERS

- D Explore need to play the sick role
- D Evaluate stress
- D Provide behavioral techniques to control symptoms

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Psychological Factors Affecting Medical Conditions

PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITIONS

- ⊕ AXIS I DISORDERS
- ⊕ PSYCHOLOGICAL SYMPTOMS
- ⊕ PERSONALITY TRAITS
- ⊕ MALADAPTIVE HEALTH BEHAVIORS
- ⊕ STRESS-RELATED PHYSIOLOGICAL RESPONSES

THEORIES OF MIND-BODY INTERACTION

■ STRESS

■ COPING STRATEGIES FOR STRESS

- Problem-focused
- Emotion-focused

■ PSYCHONEUROIMMUNOLOGY

■ EMOTIONAL EXPRESSION

■ PERSONALITY FACTORS

Illnesses Aggravated by Stress

Illness	Autonomic Mechanism
Ulcers	Gastric secretion
Hypertension	Blood vessel constriction
Coronary heart disease	Cardiac function
Asthma	Bronchial function
Susceptibility to infections	Immune system

TREATMENT FOR PSYCHOLOGICAL FACTORS AFFECTING HEALTH

■ BEHAVIORAL MEDICINE

- Take responsibility for health
- Initiate and maintain healthy behaviors
- Stop unhealthy behaviors

■ STRESS INOCULATION TRAINING

- Cognitive focus and method
- Guided self-dialogue
- Coping self-statements
- More adaptive lifestyle

Sleep Disorders

Dyssomnias:

Disturbances in the amount, quality, or timing of sleep.

Primary Insomnia
Primary Hypersomnia
Circadian Rhythm Sleep Disorder
Breathing-Related Sleep Disorder

Sleep Disorders

Parasomnias:

Conditions involving abnormal behavior or bodily events during sleep or sleep-wake transitions.

Nightmare Disorder
Sleep Terror Disorder
Sleepwalking Disorder
Narcolepsy

Dissociative Disorders

DISSOCIATIVE IDENTITY DISORDER

Dissociative identity disorder:

A dissociative disorder, formerly called *multiple personality disorder*, in which an individual develops more than one self or personality.

DISSOCIATIVE IDENTITY DISORDER

- Alters
- Usually fewer than 10 identities
- Host
- Memory Gaps

The disorder is highly controversial.

THEORIES OF DISSOCIATIVE IDENTITY DISORDER

Highly Traumatic
Childhood
Explanation
vs.
Sociocognitive
Model



TREATMENT OF DISSOCIATIVE IDENTITY DISORDER

■ GOAL

- Integrate alters

■ METHODS

- Hypnotherapy
- Cognitive Behavioral Techniques

DISSOCIATIVE AMNESIA

- Inability to remember details and experiences associated with traumatic or stressful event
- Four forms:
 - Localized
 - Selective
 - Generalized
 - Continuous

DISSOCIATIVE FUGUE

formerly called psychogenic fugue

Dissociative fugue:

A dissociative disorder in which a person, confused about personal identity, suddenly and unexpectedly travels to another place and is unable to recall past history or identity.

DEPERSONALIZATION DISORDER

Depersonalization:

An altered experience of the self, ranging from feeling that one's body is not connected to one's mind to the feeling that one is not real.





INTERNET RESOURCE

For more information on material covered
in this chapter, visit our Web site:

<http://www.mhhe.com/halgin6e>