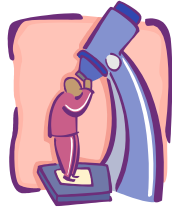


# Chapter 6

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



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**Somatoform  
Disorders**

**Psychological Factors  
Affecting  
Medical Conditions**

In each set of disorders covered by this chapter, the body expresses psychological conflict and stress in an unusual fashion.



**Dissociative  
Disorders**

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# Somatoform Disorders

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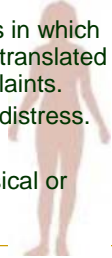
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## SOMATOFORM DISORDERS

**soma = "body" in Greek**

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



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## Conversion Disorder

### Conversion Disorder:

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

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## CONVERSION DISORDER

Four categories of symptoms:

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

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## Somatization Disorder

### Somatization Disorder:

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

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## SOMATIZATION DISORDER

- ❑ May be exaggerating a real physical condition.
- ❑ Not deliberately “faking.”
- ❑ Mostly women.
- ❑ Do not voluntarily seek psychotherapy.

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### Pain Disorder:

A somatoform disorder in which the only symptom is pain that has no physiological basis.

Related to somatization disorder is pain disorder.



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## 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.

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## 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.



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## Hypochondriasis

### Hypochondriasis:

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

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## 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.

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## 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.**

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

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## THEORIES OF SOMATOFORM DISORDERS

- MOTIVATIONS FOR ILLNESS
  - Primary gain
  - Secondary gain
- INTEGRATIVE EXPLANATION

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## TREATMENT OF SOMATOFORM DISORDERS

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

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## Psychological Factors Affecting Medical Conditions

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## PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITIONS

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

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## THEORIES OF MIND-BODY INTERACTION

- STRESS
- COPING STRATEGIES FOR STRESS
  - Problem-focused
  - Emotion-focused
- PSYCHONEUROIMMUNOLOGY
- EMOTIONAL EXPRESSION
- PERSONALITY FACTORS

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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

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## 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

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## Sleep Disorders

### Dyssomnias:

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

Primary Insomnia

Primary Hypersomnia

Circadian Rhythm Sleep Disorder

Breathing-Related Sleep Disorder

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## Sleep Disorders

### Parasomnias:

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

Nightmare Disorder

Sleep Terror Disorder

Sleepwalking Disorder

Narcolepsy

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## Dissociative Disorders

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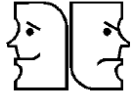
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## DISSOCIATIVE IDENTITY DISORDER

### Dissociative identity disorder:

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



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## DISSOCIATIVE IDENTITY DISORDER

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



*The disorder is highly controversial.*

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## THEORIES OF DISSOCIATIVE IDENTITY DISORDER

Highly Traumatic  
Childhood Explanation  
vs.  
Sociocognitive Model

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## TREATMENT OF DISSOCIATIVE IDENTITY DISORDER

- GOAL
  - Integrate alters.
- METHODS
  - Hypnotherapy
  - Cognitive Behavioral Techniques



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## DISSOCIATIVE AMNESIA

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



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## 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.

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## 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.

**Depersonalization Disorder:**

A dissociative disorder in which the individual experiences recurrent and persistent episodes of depersonalization.

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