# Chapter 5
## Dissociative and Somatoform Disorders

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## Dissociative Disorders- Overview

- Involve severe alterations or detachments in identity, memory, or consciousness – "self"
- Variations of normal depersonalization and derealization experiences
- Depersonalization – Distortion in perception of reality
- Derealization – Losing a sense of the external world
- Types of DSM-IV Dissociative Disorders
  - Depersonalization Disorder  Dissociative Amnesia
  - Dissociative Fugue  Dissociative Identity Disorder

## Dissociative Amnesia

- Dissociative Amnesia includes several forms of psychogenic memory loss
- Generalized type – Inability to recall anything, including their identity
- Localized or selective type – Failure to recall specific (usually traumatic) events

## Dissociative Fugue

- Dissociative Fugue
  - Related to dissociative amnesia
  - Such persons take off and find themselves in a new place
  - Lose ability to remember their past and how they arrived in new location
  - Often assume a new identity

## Dissociative Amnesia & Fugue: Causes and Treatment

- Facts and Statistics
  - Dissociative amnesia and fugue usually begin in adulthood
  - Both conditions show rapid onset and dissipation
  - Both conditions are mostly seen in females
- Causes
  - Little is known, but trauma and stress seem heavily involved
- Treatment
  - Persons with dissociative amnesia and fugue state usually get better without treatment
  - Most remember what they have forgotten

## Dissociative Identity Disorder (DID): An Overview

- AKA: multiple personality disorder
- Defining feature is dissociation of certain aspects of personality into 2 or more identities
- Involves adoption of several new identities (2 to >100)
- Identities display unique sets of behaviors, voice, and posture
- Unique Aspects of DID
  - Alters – Refers to the different identities or personalities
  - Host – The identity that seeks treatment and tries to keep identity fragments together
  - Switch – Often instantaneous transition from one personality to another

## Dissociative Identity Disorder (DID): Causes and Treatment

- Facts and Statistics
  - Average number of identities is close to 15
  - Ratio of females to males is high (9:1)
  - Onset is almost always in childhood

## Dissociative Identity Disorder (DID): Causes and Treatment

- Causes/Associated Features
  - Almost all patients have histories of severe physical &/or sexual abuse in childhood
  - Most are also highly suggestible individuals
  - DID is believed to represent a mechanism to escape from impact of trauma
  - Closely related to PTSD

## Dissociative Identity Disorder (DID): Treatment (cont.)

- Treatment
  - Focus is on reintegration of identities
  - Identify and neutralize cues/triggers that provoke memories of trauma/dissociation

## Depersonalization Disorder: An Overview

- Overview and Defining Features
  - Severe and frightening feelings of unreality and detachment
  - Such feelings and experiences dominate and interfere with life functioning
  - Primary problem involves depersonalization and derealization
- Facts and Statistics
  - Comorbidity with anxiety and mood disorders is extremely high
  - Onset is typically around age 16
  - Usually runs a lifelong chronic course

## Depersonalization Disorder: Causes and Treatment

- Causes
  - Show cognitive deficits in attention, short-term memory, and spatial reasoning
  - Cognitive deficits correspond with reports of tunnel vision and mind emptiness

Treatment

- Little is known

## An Overview of Somatoform Disorders

- Soma – Meaning Body
  - Overly preoccupied with their health or body appearance
  - No identifiable medical condition causing the physical complaints
- Types of DSM-IV Somatoform Disorders
  - Hypochondriasis
  - Somatization disorder
  - Conversion disorder
  - Body dysmorphic disorder

## Conversion Disorder: An Overview

- Overview and Defining Features
  - Physical malfunctioning with no organic pathology
  - Malfunctioning often involves sensory-motor areas
  - Persons show *la belle indifference*
- Facts and Statistics
  - Rare condition, with a chronic intermittent course
  - Seen primarily in females, with onset usually in adolescence
  - More prevalence in less educated, low SES groups
  - Not uncommon in some cultural and/or religious groups

## Conversion Disorder: Causes and Treatment

- Freudian psychodynamic view still popular
- Emphasis on the role of trauma, conversion, and primary/secondary gain
- Detachment from the trauma and negative reinforcement seem critical
- Treatment
  - Similar to somatization disorder
  - Core strategy is attending to the trauma
  - Removal of sources of secondary gain
  - Reduce supportive consequences of talk about physical symptoms

## Hypochondriasis: An Overview

- Overview and Defining Features
  - Physical complaints without a clear cause
  - Severe anxiety focused on the possibility of having a serious disease
  - Strong disease conviction
  - Medical reassurance does not seem to help
- Facts and Statistics
  - Good prevalence data are lacking
  - Onset at any age, and runs a chronic course

## Hypochondriasis: Causes and Treatment

- Causes
  - Cognitive perceptual distortions
  - Familial history of illness
- Treatment
  - Challenge illness-related misinterpretations
  - Provide more substantial and sensitive reassurance
  - Stress management and coping strategies

## Body Dysmorphic Disorder ("Imagined Ugliness")

- Overview and Defining Features
  - Previously known as dysmorphophobia
  - Diagnostic Criteria
    - Preoccupation with imagined defect in appearance
    - Either fixation or avoidance of mirrors
    - Often display ideas of reference for imagined defect
    - Impairment in social, occupational, or educational functioning
- Associated Features
  - Suicidal ideation and behavior are common
  - Most stay single, & many seek out plastic surgeons
  - Change social and professional lives

## Body Dysmorphic Disorder ("Imagined Ugliness")

- Spend hours checking in mirrors and comparing themselves to others
- Excessive exercise to change appearance
- Requests for reassurance
- Attempts to camouflage defect
- Prevalence Rate
  - More common than previously thought
    - 2% of US population
  - Seen equally in males and females, with onset usually in early 20s
- Course
  - Usually runs a lifelong chronic course

## Body Dysmorphic Disorder:

- Etiology
  - Little is known; frequently comorbid with OCD & other somatoform disorders
  - Shares similarities with obsessive-compulsive disorder
  - Internalization of body image distortion through social factors
  - Undefined neurological defect
- Comorbidity
- Treatment
  - Plastic surgery is often unhelpful
  - CBT
  - Exposure and response prevention is also helpful
  - Medications (i.e., SSRIs) that work for OCD provide some relief

## Somatization Disorder (Briquet's Syndrome)

- Overview and Defining Features
  - Extended history of physical complaints before age 30
  - Substantial impairment in social or occupational functioning
  - Concerned over the symptoms themselves, not what they might mean
  - Symptoms become the person's identity
- Facts and Statistics
  - Rare condition
  - Onset usually in adolescence
  - Mostly affects unmarried, low SES women
  - Runs a chronic course

## Somatization Disorder: Causes and Treatment

- Causes
  - Familial history of illness
  - Relation with antisocial personality disorder
  - Weak behavioral inhibition system
- Treatment
  - No treatment exists with demonstrated effectiveness
  - Reduce the tendency to visit numerous medical specialists
  - Assign "gatekeeper" physician
  - Reduce supportive consequences of talk about physical symptoms

## Diagnostic Considerations

- Separating Real Problems from Faking
  - The Problem of Malingering – Deliberately faking symptoms
- Related Conditions – Factitious disorders
  - Factitious disorder by proxy
- False Memories and Recovered Memory Syndrome

## Summary of Somatoform and Dissociative Disorders

- Features of Somatoform Disorders
  - Physical problems without on organic cause
- Features of Dissociative Disorders
  - Extreme distortions in perception and memory
- Well Established Treatments Are Generally Lacking

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