

# Chapter 6

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

## **Somatoform Disorders**

## **Psychological Factors Affecting Medical Conditions**

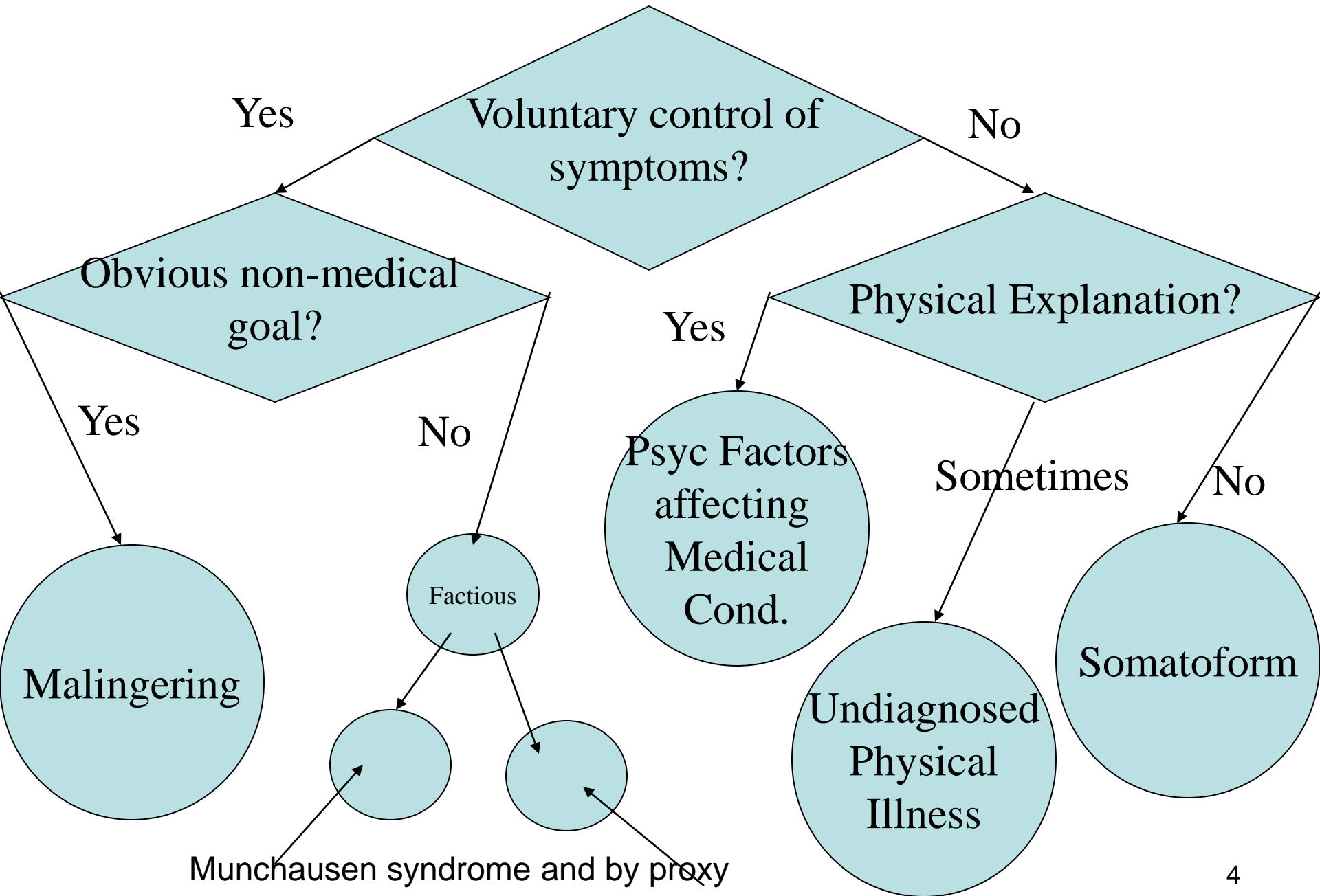
In each set of disorders covered by this chapter, the body expresses psychological conflict and stress in an unusual fashion.



## **Dissociative Disorders**

1. In which part of your body do you experience the most discomfort (with no actual disease)?

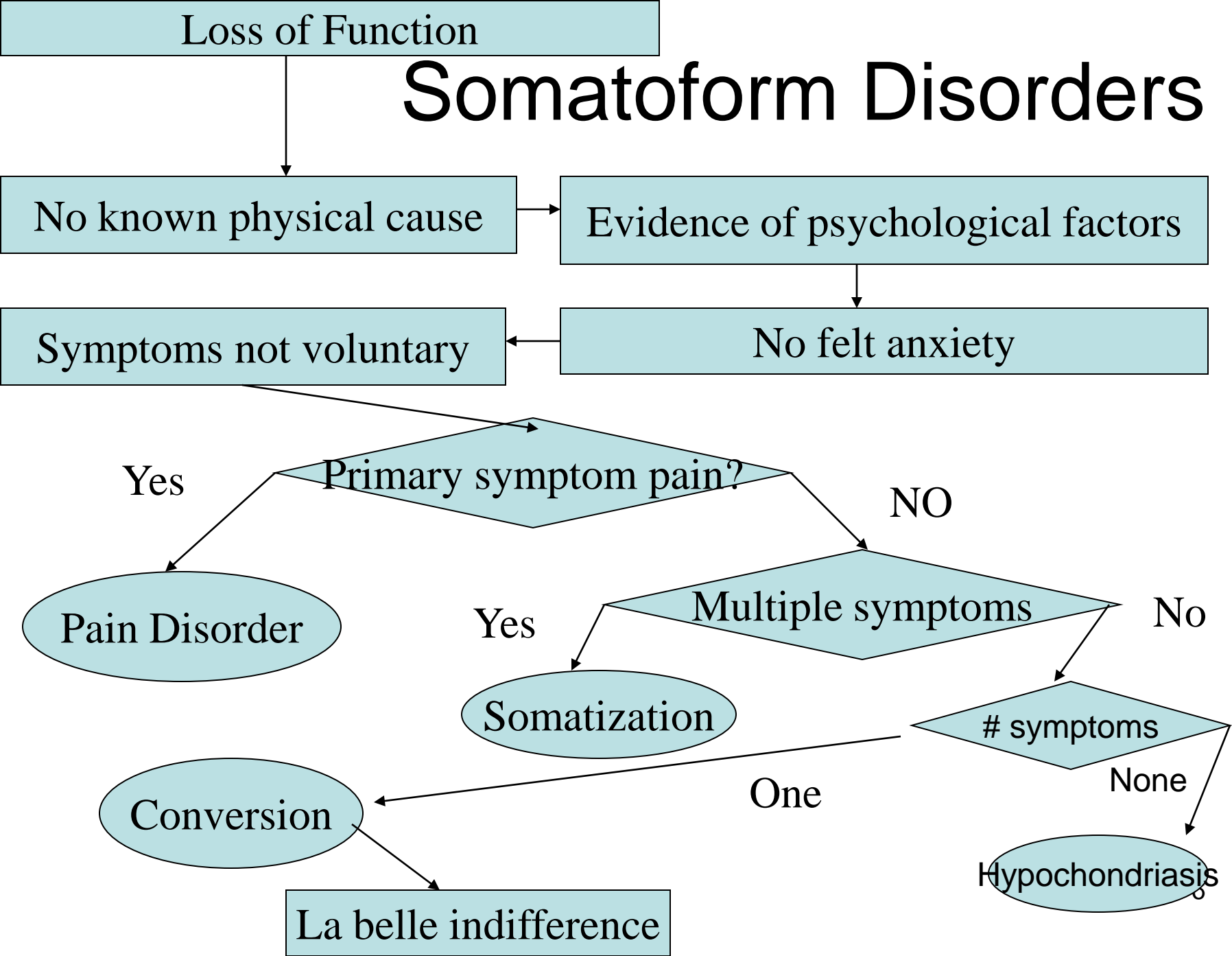




2. Have you ever done any malingering?  
Under what circumstances?

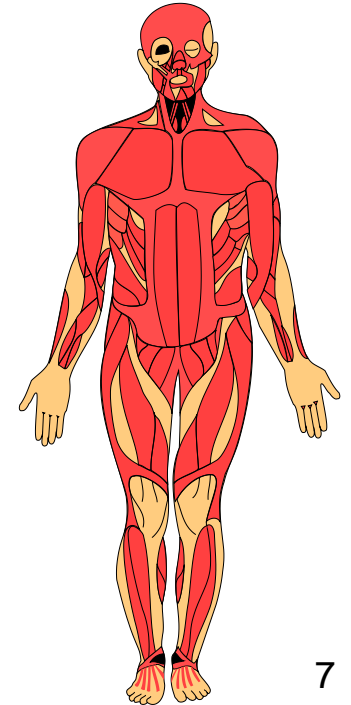


# Somatiform Disorders



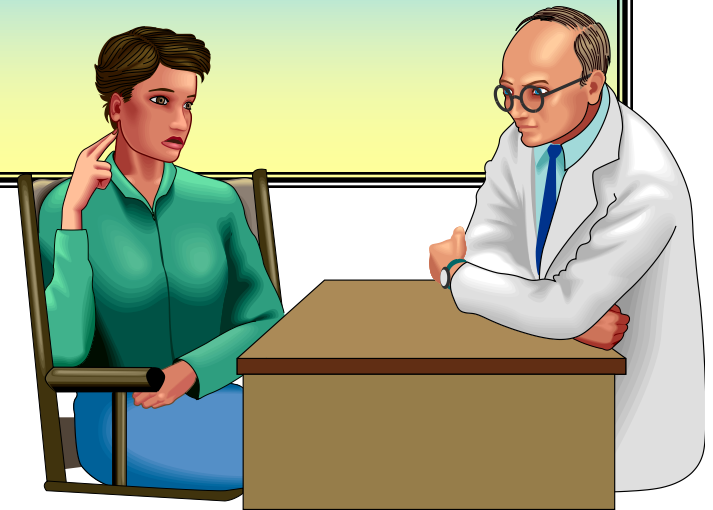
# Somatoform Disorders

- Psychological conflicts are translated into physical problems or complaints
- Impairs functioning, causes distress
- No physiological basis
- Won't be indicated on physical or neurological tests
- SOMA= Greek for “body”



# Conversion Disorder:

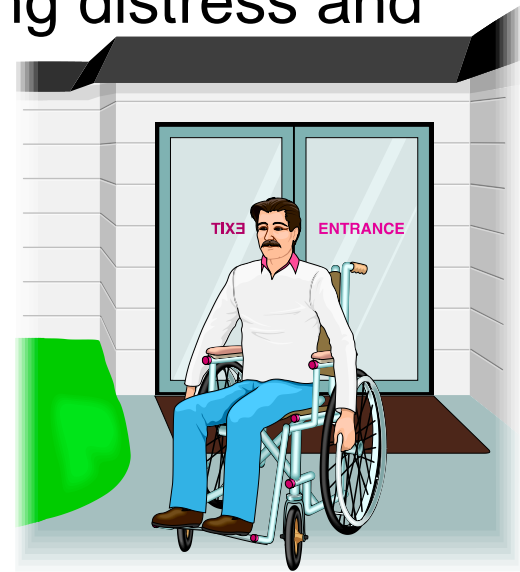
A somatoform disorder involving the translation of unacceptable drives or troubling conflicts into physical symptoms.





# Conversion Disorder

- Involuntary loss or alteration of bodily function due to psychological conflict or need, causing distress and impairment
- Four categories
  - Motor symptoms or deficits
  - Sensory symptoms or deficits
  - Seizures or convulsions
  - Mixed presentations
- Disorder is rare, runs in families, more often in women, appears in adulthood, symptoms recur



# La Belle Indifference

- Strange indifference to physical symptoms.
  - Showing much more concern over a minor skin irritation on his legs than the fact that he cannot move them.
- In psychoanalytic view, a conversion symptom may absorb anxiety so well by transmuting it into a physical loss that the patient can actually be calm about being crippled, blind, deaf, or insensate.



3. Have you ever known anyone who was “proud” of being sick? Was it conversion or factious disorder?



# Somatization Disorder



- The expression of psychological issues through bodily problems that have no basis in physiological function.
- Multiple and recurrent bodily symptoms of psychological problems
- May be exaggerating a real physical condition
- Not deliberately “faking.”
- Do not voluntarily seek psychotherapy.
- Somatization Disorder is very rare, mostly in women, may have grown up in home with frequent illnesses

## **Pain Disorder:**

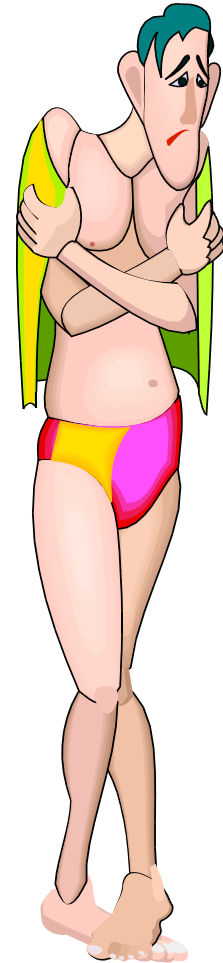
**A somatoform disorder in which the only symptom is pain that has no physiological basis.**

**Related to somatization disorder is pain disorder.**



# Body Dysmorphic Disorder

- Preoccupation with a bodily feature thought to be ugly or defective
- *Almost* to the point of being delusional



# 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.



4. How much time per day do you spend thinking about your appearance?





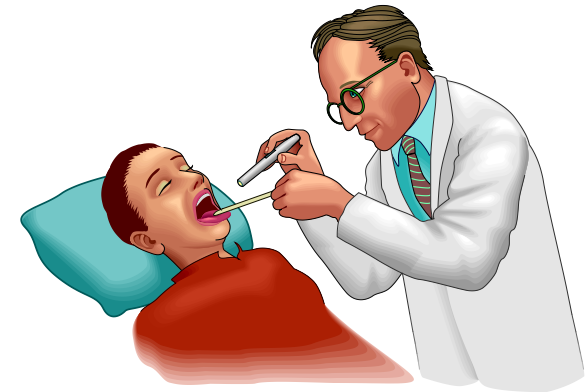
# Hypochondriasis

- Belief or fear of having a serious illness when they are experiencing normal bodily reaction
- 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
- **Malingering** - deliberately faking a disorder or symptom for ulterior motive
- **Factitious disorder**- deliberately faking a disorder or symptom out of the need to be sick
- **Munchausen's syndrome** - inflict injury on self to look or be sick
- **Factitious (or Munchausen's syndrome) by proxy**- causing someone in your care (usually a child) to be sick to bring attention to self

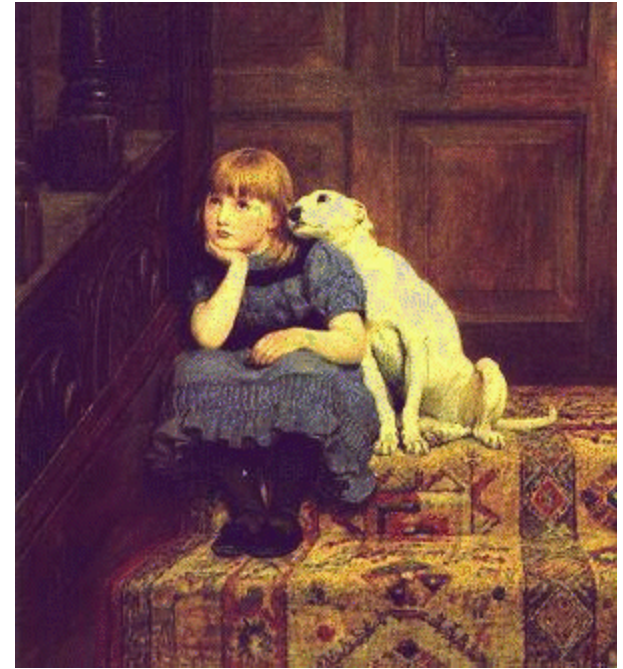


5. How many times per year do you visit a physician for a new symptom?



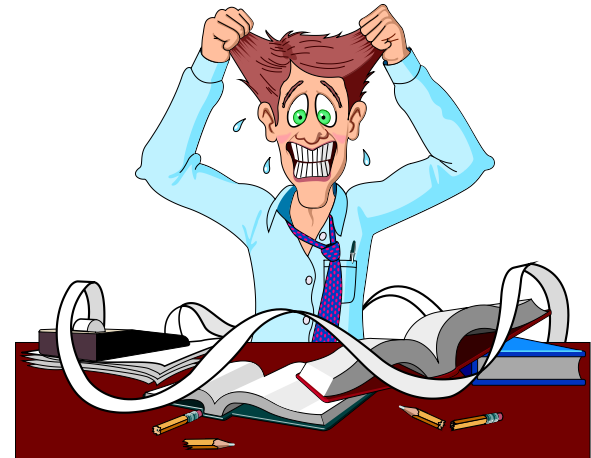
# Theories

- Integrative - interplay of biological factors, learning, emotional factors, faulty cognitions
- Motivations for illness
  - **Primary gain** - Avoid burdensome responsibilities
  - **Secondary gain** - Receive sympathy and attention



# Treatment

- Explore need to play the sick role
- Evaluate stress
- Provide behavioral techniques to control symptoms
- Develop trusting and supportive relationship with client
- Be cautious about challenging the physical symptoms that are so real to client



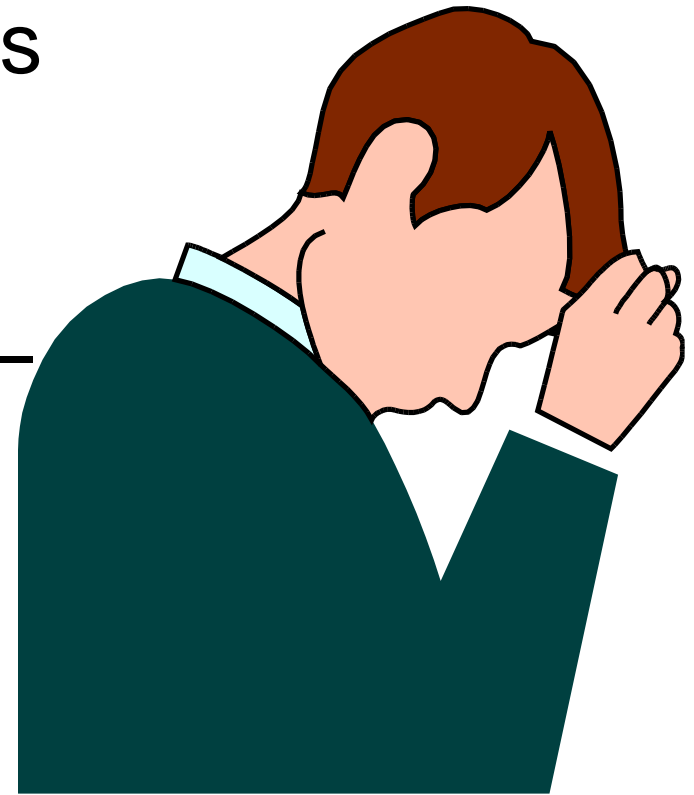
# Psychological Factors Affecting Medical Conditions

- Axis I disorders (depression)
- Psychological symptoms (anxiety)
- Personality traits (hostility)
- Maladaptive health behaviors (smoking, drinking)
- Stress-related physiological responses (aggravation of ulcers, asthma)



# Theories Of Mind-body Interaction

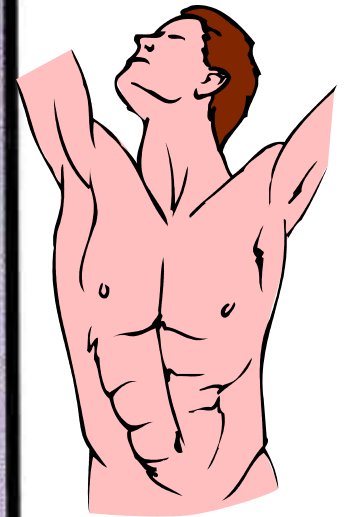
- Stress
- Coping strategies for stress
  - Problem-focused
  - Emotion-focused
- Psychoneuroimmunology – the effect of stress on the immune system
- Emotional expression
- Personality factors





## Illnesses Aggravated by Stress

<b>Illness</b>	<b>Autonomic Mechanism</b>
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
  - Terminate 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

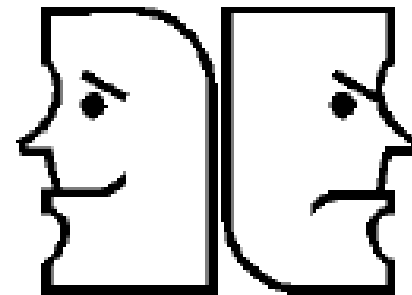
- Dissociative identity disorder
- Dissociative amnesia
- Dissociative fugue
- Depersonalization disorder



# 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.



*The disorder is highly controversial.*

# Dissociative Identity Disorder

- Several “selves” or personalities -  
At least two “alters” usually <10
- Core personality, the “ I”  
associated with their given name ,  
the “Host”
- Each alter has its own identity,  
gender, and thinks and acts  
differently from others
- Usually sudden transition to an  
alter
- Most alters have distorted sense of  
time, gaps in memory, “lost” time



# Theories Of DID

- Primary Explanation
  - Highly traumatic childhood
  - Child develops alters as fantasy escape from horrors of daily life
  - The “I” recedes into background as child spend more time in “altered” state
  - These split-off and dissociated experiences develop in independent personalities
  - Child does not integrate experiences into the core self-experience
- Sociocognitive Model



# Treatment Of DID

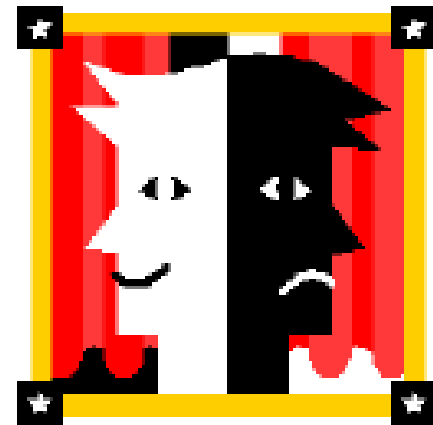
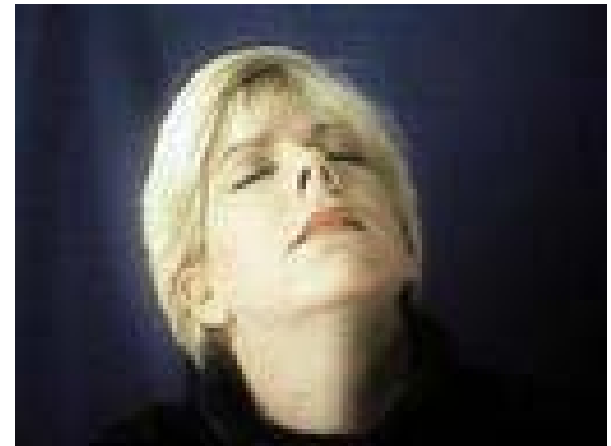
- Goal
  - Integrate alters into a unified self and develop coping strategies to deal with painful memories of trauma
- Methods
  - [Hypnotherapy](#) - Encouraged to recall trauma while in a trance
  - [Cognitive Behavioral Techniques](#)
    - Attempt to change dysfunctional attitudes and beliefs and bolster self-esteem





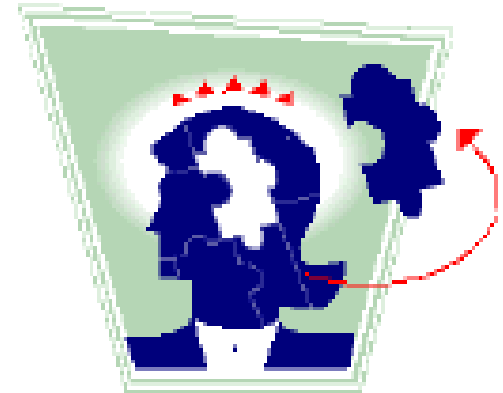
# Difficulties Treatment Of DID

- Broadly defined disorder from highly disturbed (Sybil and Eve) to less dramatic
- Most have comorbid mood or personality disorders
- Repairing the damage of abuse may take decades
- Clinician has to work with the different problems and styles of the various alters
- Usually takes years to integrate several alters



# Dissociative Amnesia

- Unable to remember details and experiences associated with traumatic or stressful event
- Four forms
  - **Localized Amnesia** - Most common - Can't recall any details of the event
  - **Selective Amnesia** - Recall some, but not all details
  - **Generalized amnesia** - Cannot recall anything at all from past life
  - **Continuous Amnesia** - Failure to recall past event from a particular date to the present time





# Organic Vs. Dissociative Amnesia

- **Dissociative**
  - Psychological trouble
  - Loss of personal identity
  - No known neural damage
  - No anterograde loss
  - No loss of recent and remote past
  - Memory returns suddenly
- **Organic**
  - Physical Trouble
  - No identity loss
  - Likely neural damage
  - Difficulty learning new material
  - Loss of recent past
  - Memory unlikely to return

# Dissociative (Psychogenic) Fugue

- As a result of trauma, extreme stress , need to escape punishment or problems
- Person confused about personal identity
- Suddenly and unexpectedly travels to another place
- Duration - Variable (hours, day, weeks, or months)
- Can't recall past history or identity
- May assume a new identity, more outgoing than core personality



# Depersonalization Disorder

- Repeated alternation of mind-body perception, ranging from detachment to “out-of-body” feeling
- Not as a result of mind-altering drugs
- Often chronic for certain people, precipitated by stress
- Feeling that body is “unreal,” perhaps changing in size or shape, being controlled by outside forces, or feeling robotic



# Theories And Treatment

- **Theory** - product of intense childhood abuse or other childhood trauma
- **Treatment goal** - establish stability, integrate experiences
- **Treatment methods**
  - Hypnosis and medications to help recall the past
  - Once recalled, ascertain what evoked the amnesia
  - Like DID, very difficult to treat

# The Experience Of Dissociation:

- **Amnesia:** substantial blocks of time are forgotten
- **Depersonalization:** one feels detached from one's self looking at self from outside
- **Derealization:** the world seems unreal  
identity confusion: being confused about who one is
- **Identity alteration:** displaying a surprising skill one did not know one had



6. Have you ever felt that you were ‘outside yourself watching yourself’? Under what conditions?



<http://www.medgadget.com/archives/img/outofbody.jpg>

# DID & Schizophrenia

- Schizophrenia actually refers to one mental process, such as emotion, being split from another, such as judgment, rather than the splitting of one entire personality from another.
- Schizophrenia is characterized by incoherence of speech, thought hallucinations, delusions, blunted or inappropriate emotions, along with deterioration in work, social relations, and self-care.
- None of that is true of DID. DID is diagnosed merely by the existence of two or more coherent, well-developed personalities in the same person.

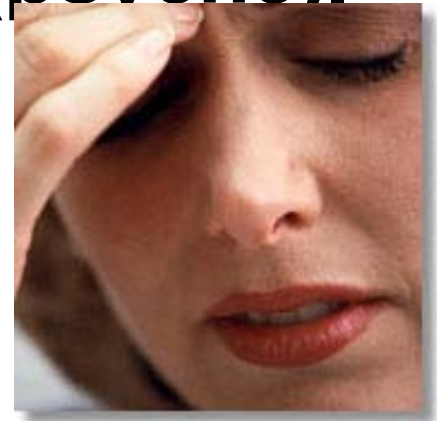
# Given a case correctly diagnose the following disorders:

- psychosomatic disorders
- somatoform disorders



# Psychosomatic disorders and somatoform disorders.

- **Psychosomatic disorders are defined as disorders of the body (soma) that are influenced, or in the strongest case caused, by the mind (psyche).**



# The diathesis-stress model

- Diathesis refers to the constitutional weaknesses that underlie physical pathology,
- Stress is the psychological reaction to meaningful events.
- Psychosomatic disorders is a disorder of known physical pathology present and psychologically meaningful events preceded or are judged to contribute to the onset or worsening of the disorder.

# Peptic Ulcer

- **A peptic ulcer is a circumscribed erosion of the mucous membrane of the stomach or duodenum, the upper portion of the small intestine.**
- **Conflict,**
- **unpredictability,**
- **noxious events, and**
- **uncontrollability**
- **all cause ulcers in rats**



# Coronary Heart Disease and Arteriosclerosis.

- **Coronary heart disease kills more people than any other disease in the Western world.**
- **The underlying condition in most instances of heart attack and sudden death is arteriosclerosis, a building up of fat on the inner walls of the coronary arteries.**

# The seven major risk factors for coronary heart disease.

- **Growing old**
- **Being male**
- **Smoking cigarettes**
- **High blood pressure**
- **High serum cholesterol levels**
- **Physical inactivity**
- **Type A personality**





# Relationship between hostility CHD and Type A.

- **High hostility predicts CHD**
- **Particularly when unexpressed**



# David Glass's view of Type A Behavior.

- **A cycle of desperate efforts to control the environment**

# Type A Personality and the Fruit of the Spirit Galatians 5:22-23



- Type A Fruit of the Spirit
- aggressiveness, love, goodness
- time urgency joy,  
faithfulness
- competitiveness peace, gentleness
- ambitiousness patience, self-  
control

# Changes to make in a nursing home to increase resident survival

- **Give patients more choices of what to eat, what to wear, when to go places,**
- **Give them responsibilities for taking care of things like plants, room clean-up;**
- **Give them some meaning or purpose for living.**



# Effect of a pessimistic explanatory style on health.

- **Pessimistic explanatory style at 25 predicted poorer health at 45.**
- **Much of the damage is cardiac**

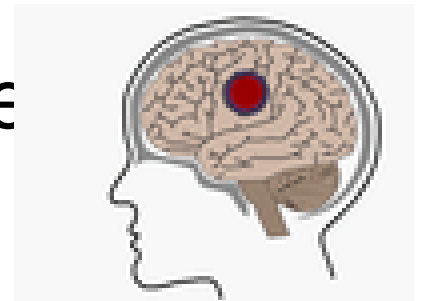
# Effect of psychotherapy on breast cancer.

- **Women in the psychotherapy group live twice as long as women in the control group.**



# Chain of events from loss to cancer

- External environmental loss (husband dies) -> helplessness -> depression -> depletion of catecholamines -> increase in endorphins -> lowered immunocompetence -> inability of NK cells and T-cells to kill tumor -> tumor grows to life-threatening size.
- So depression, helplessness, hopelessness, and stressful life events can lower immunocompetence.



# Interventions that change the chain of events.

- help people not to be depressed,
- to be effective and competent,
- in control over environment,
- give them reason for living
- avoid multiple stressful events.



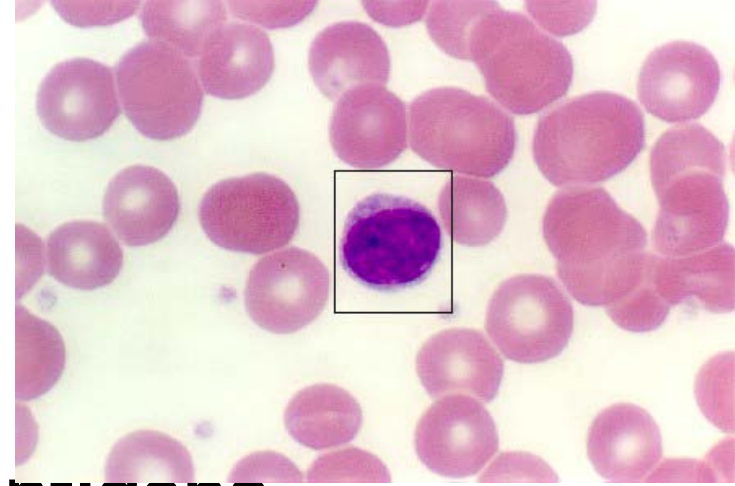
# Terms

- **Psychoneuroimmunology**
  - **The field of study of how psychological factors influence the immune system and change our risk of disease**
- **Immunologic memory**
  - **The second time the body is challenged by a specific invader it does a better job of destroying it than the first time.**
- **Immunocompetence**
  - **Degree to which these events proceed to protect the organism**

# Terms

- Antigen
  - **Foreign invaders combated by the immune system**
- Antibodies
  - **a cell that turns off an antigen produced by a lymphocyte**

# White Blood Cells

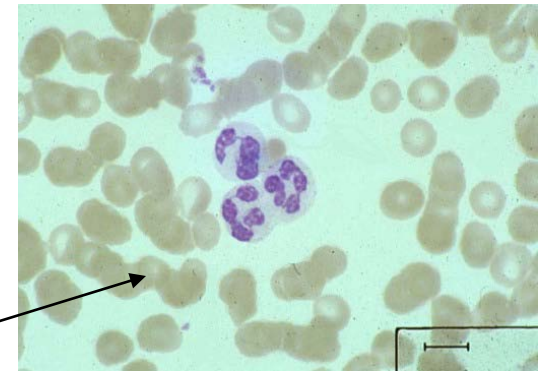


- Macrophages
  - **Big eaters which eat the antigens**
  - **<http://www.hon.ch/Library/Theme/Allergy/Glossary/macrophage.html>**
- Lymphocytes
  - **a group of cells that recognize foreign cells and attack them**
  - **<http://www.hon.ch/Library/Theme/Allergy/Glossary/lymphocyte.html>**

# Lymphocytes

- B-cells
  - Cells from the bone marrow recognize specific antigens, multiply and produce antibodies
  - Antigens often simply bind to the antibody and form a complex that is inactive and can do no further harm
- T-cells
  - When activated by the specific antigen multiply rapidly and kill their antigen by lysing (breaking down) the cell membrane of the target
  - Some also attract macrophages (big eaters) and neutrophils

# Lymphocytes

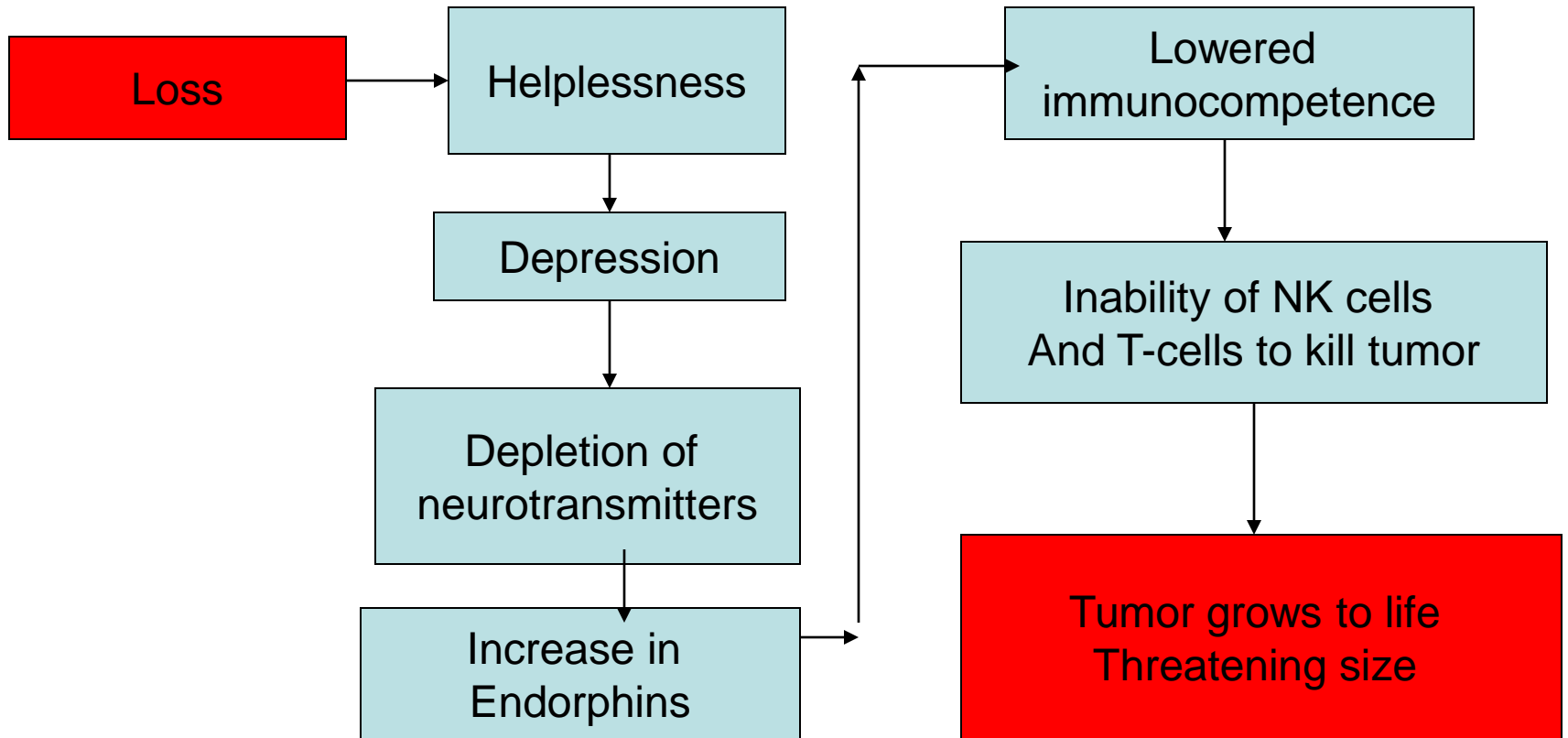


- Neutrophils
  - **Lymphocytes that eat the antigen antibody complexes**
- Natural Killer cells
  - **Lymphocytes that lyse the cells of tumors**
  - **destroy cancer cells and virus-infected cells through phagocytosis and by producing substances that can kill such cells**
  - **[http://www.hon.ch/Library/Theme/Allergy/Glossary/nk\\_cell.html](http://www.hon.ch/Library/Theme/Allergy/Glossary/nk_cell.html)**

# Type A vs. Spirit's Fruit

- Aggressiveness
  - Time Urgency
  - Competitiveness
  - Ambitiousness
  - Hostility
- Love
  - Joy
  - Peace
  - Patience
  - Kindness
  - Goodness
  - Faithfulness
  - Gentleness
  - Self control

# Loss to Cancer



- *Based on the criteria presented in the chapter, write an analysis of what changes in your lifestyle would likely lead to greater long-term health.*