

Chapter 6a  
Somatoform Disorders

The Nature of Somatoform Disorders

Common Features

- Many Physical Complaints  
soma – body
- Appear to be Medical Conditions
- No Identifiable Medical Cause
- Pathological Concern About
  - Physical Appearance
  - Functioning of Their Bodies

An Overview of Somatoform Disorders

Five Somatoform Disorders

- Hypochondriasis
- Somatization Disorder
- Conversion Disorder
- Pain Disorder
- Body Dysmorphic Disorder

Hypochondriasis

Clinical Description

- Ancient roots
- Preoccupation with bodily symptoms
- No known medical cause
- Severe anxiety or fear that one has a serious disease
- Reassurance doesn't help

- Shares many features with anxiety disorders, especially panic disorder
- Preoccupied With Bodily Symptoms /Misinterpretation of Symptoms
- Initially go to family physicians
- Reassurances from numerous physicians have at best only a short-term effect
- Strong Disease Conviction
- Many Medical Visits and Tests

- Facts and Statistics
- Culture-specific syndromes
- Causes
- Psychological Treatment
  - CBT

## Somatization Disorder

### Clinical Description

- Briquet's Syndrome
- History of many physical complaints beginning before age 30. The complaints occur over a period of several years & result in treatment being sought, or significant impairment in functioning
- 4 pain symptoms + 2 gastrointestinal symptoms + 1 sexual symptom + 1 pseudoneurologic symptom
- The symptoms cannot be fully explained by a medical condition, or are in excess of what would be expected

- Concerned about the symptoms themselves, rather than fearful about their indicating the presence of a disease

- Life Revolves Around Symptoms

- Facts and Statistics

- Causes

- Possible genetic contribution
- Strong link in family & genetic studies to Antisocial Personality (ASPD)
  - Weak Behavioral Inhibition System (BIS)
    - Incapable of exerting sufficient control over the Behavioral Activation System (BAS)

- Treatment

## Conversion Disorder

### Clinical Description

- Physical malfunctioning
  - Paralysis, Blindness, Difficulty speaking, Mutism, Lost Sense of Touch, Lump in throat, Seizures without EEG changes
- No organic pathology
- Often looks like neurological disease
- Term was popularized by Freud

Distinguishing between Conversion reactions, real physical disorders & malingering

- Conversion disorder suggested by:
  - La Belle Indifference
  - Symptoms precipitated by marked stress
  - Lack of awareness of ability to function normally or of sensory input
- Malingering suggested by:
  - Motivation
  - May perform much more poorly than chance on a forced-choice task (e.g., visual discrimination)

- Factitious Disorders

- Fall somewhere between malingering & conversion disorders
  - The symptoms are feigned & under voluntary control, but there is no obvious reason for producing the symptoms except to assume the sick role & receive increased attention
- Munchausen's Syndrome by Proxy

- Facts and Statistics
- Causes
  - Primary Gain
  - Secondary Gain
  - La Belle Indifference
  - Experience of trauma (combat or interpersonal) that must be escaped at all costs
  - Social & cultural influences
- Treatment

## Pain Disorder

### Clinical Description

- Pain that causes clinically significant distress or impairment in functioning
- There may have been clear physical reasons for the pain initially, but psychological factors play a major role in maintaining it.
- The pain is real & it hurts regardless of the cause
- Whatever its cause, the pain has a strong psychological component

## Body Dysmorphic Disorder

### Clinical Description

- Preoccupation with some imagined defect in appearance in someone who looks reasonably normal
  - “Imagined” Ugliness
- Mirrors (Fixation or Avoidance)
- Ideas of Reference
  - They think everything that goes on in their world is related to their imagined defect

- Can cause considerable disruption, even to the extent of being housebound
- Suicidal ideation and attempts are common (24%!)
  - Individuals with BDD whose beliefs are so firmly held that they could be called delusional receive a 2nd diagnosis of delusional disorder: somatic type

- Facts and Statistics
- Causes and Treatment
  - BDD as a variant of OCD:
    - Intrusive Thoughts and Checking Compulsions About Appearance
    - Drugs that block reuptake of serotonin, e.g., Prozac & Anafranil
    - Exposure + Response Prevention