Chapter 7

Dissociative and Somatoform Disorders

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Dissociative Disorders

Dissociative disorder - A disorder characterized by disruption, or dissociation, of identity, memory, or consciousness.

The major dissociative disorders include dissociative identity disorder, dissociative amnesia, dissociative fugue, and depersonalization disorder.

In each case, there is a disruption or dissociation ("splitting off") of the functions of identity, memory, or consciousness that normally make us whole.

Overview of Dissociative Disorders

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Overview of Dissociative Disorders
Dissociative Disorders

Dissociative identity disorder - A dissociative disorder in which a person has two or more distinct, or alter, personalities.

In dissociative identity disorder, two or more personalities—each with well-defined traits and memories—“occupy” one person.

In the film, The Three Faces of Eve, Eve White is a timid housewife who harbors two other personalities: Eve Black, a sexually provocative, antisocial personality, and Jane, a balanced, developing personality who could balance her sexual needs with the demands of social acceptability.

“Let us hear the various personalities speak...”
Dissociative Disorders

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Features

In some cases, the host (main) personality is unaware of the existence of the other identities, whereas the other identities are aware of the existence of the host.

In other cases, the different personalities are completely unaware of one another.

Sometimes two personalities vie for control of the person.
Controversies

Although multiple personality is generally considered rare, the very existence of the disorder continues to arouse debate.

Many professionals express profound doubts about the diagnosis.

Only a handful of cases worldwide were reported from 1920 to 1970, but since then the number of reported cases has skyrocketed into the thousands.

Dissociative Amnesia

Amnesia derives from the Greek roots α-, meaning "not," and mnasthai, meaning "to remember."

Dissociative amnesia - A dissociative disorder in which a person experiences memory loss without any identifiable organic cause.

Unlike some progressive forms of memory impairment, the memory loss in dissociative amnesia is reversible, although it may last for days, weeks, or even years.

TABLE 7.2

Features of Dissociative Identity Disorder (Formerly Multiple Personality Disorder)

1. At least two distinct personalities exist within the person, with each having a relatively enduring and distinct pattern of perceiving, thinking about, and relating to the environment and the self.
2. Two or more of these personalities repeatedly take complete control of the individual's behavior.
3. There is a failure to recall important personal information too substantial to be accounted for by ordinary forgetfulness.
4. The disorder cannot be accounted for by the effects of a psychoactive substance or a general medical condition.

Source: Adapted from the DSM-IV-TR (APA, 2000).
This woman, called “Jane Doe” by rescue workers, was found wandering in a Florida park in a dazed state. She reported she had no memory of her background or even who she was. Her parents recognized her after she appeared on a national TV program. She reportedly never regained her memory.

Dissociative Amnesia
Dissociative amnesia is divided into five distinct types of memory problems:
1. Localized amnesia.
2. Selective amnesia.
3. Generalized amnesia.
4. Continuous amnesia.
5. Systematized amnesia.

Dissociative Fugue
Fugue derives from the Latin fugere, meaning “flight.” The word fugitive has the same origin.
Fugue is like amnesia “on the run.”
Dissociative fugue - A dissociative disorder in which one suddenly flees from one’s life situation, travels to a new location, assumes a new identity, and has amnesia for personal material.
Research by Loftus and others has demonstrated that false memories of events that never actually occurred can be induced experimentally. This research calls into question the credibility of reports of recovered memories.

Depersonalization Disorder

**Depersonalization** - Feelings of unreality or detachment from one's self or one's body.

**Derealization** - A sense of unreality about the outside world.

**Depersonalization disorder** - A disorder characterized by persistent or recurrent episodes of depersonalization.
Culture-Bound Dissociative Syndromes

Similarities exist between the Western concept of dissociative disorder and certain culture-bound syndromes found in other parts of the world.

For example, *amok* is a culture-bound syndrome occurring primarily in southeast Asian and Pacific Island cultures that describes a trancelike state in which a person suddenly becomes highly excited and violently attacks other people or destroys objects.

People who “run amuck” may later claim to have no memory of the episode or recall feeling as if they were acting like a robot.

Psychodynamic Views

To psychodynamic theorists, dissociative disorders involve the massive use of repression, resulting in the “splitting off” from consciousness of unacceptable impulses and painful memories.

Dissociative amnesia may serve an adaptive function of disconnecting or dissociating one’s conscious self from awareness of traumatic experiences or other sources of psychological pain or conflict.

In dissociative amnesia and fugue, the ego protects itself from anxiety by blotting out disturbing memories or by dissociating threatening impulses of a sexual or aggressive nature.
From the standpoint of social-cognitive theory, we can conceptualize dissociation in the form of dissociative amnesia or dissociative fugue as a learned response involving the behavior of psychologically distancing oneself from disturbing memories or emotions.

Some social-cognitive theorists, such as the late Nicholas Spanos, believe that dissociative identity disorder is a form of role-playing acquired through observational learning and reinforcement.

Might dissociative behavior be connected with underlying brain dysfunction?

Research along these lines is still in its infancy, but preliminary evidence shows structural differences in brain areas involved in memory and emotion between patients with dissociative identity disorder (DID) and healthy controls (Vermetten et al., 2006).

Another study showed differences in brain metabolic activity between people with depersonalization disorder and healthy subjects (Simeon et al., 2000).

Despite widespread evidence of severe physical or sexual abuse in childhood in the great majority of cases of dissociative identity disorder, very few severely abused children develop multiple personalities.

Consistent with the diathesis–stress model, certain personality traits, such as proneness to fantasize, high ability to be hypnotized, and openness to altered states of consciousness, may predispose individuals to develop dissociative experiences in the face of extreme stress, such as traumatic abuse in childhood.
Dissociative amnesia and fugue are usually fleeting experiences that end abruptly. Episodes of depersonalization can be recurrent and persistent, and they are most likely to occur when people are undergoing periods of mild anxiety or depression. Psychoanalysts seek to help people with dissociative identity disorder uncover and learn to cope with early childhood traumas.

**Diathesis-stress model of dissociative identity disorder.**

The word *somatoform* derives from the Greek *soma*, meaning “body.” *Somatoform disorders* – A disorder characterized by complaints of physical problems or symptoms that cannot be explained by physical causes. The concept of somatoform disorder presumes that the physical symptoms reflect psychological factors or conflicts.
Somatoform Disorders

Malingering - Faking illness in order to avoid work or duty.

Factitious disorder - A disorder characterized by intentional fabrication of psychological or physical symptoms for no apparent gain.

Münchausen syndrome - A type of factitious disorder characterized by the fabrication of medical symptoms.
Conversion Disorder

Conversion disorder - A somatoform disorder characterized by loss or impairment of physical function in the absence of any apparent organic cause.

The person is not malingering. The physical symptoms usually come on suddenly in stressful situations.

A soldier's hand may become “paralyzed” during intense combat, for example.

The fact that conversion symptoms first appear in the context of, or are aggravated by, conflicts or stressors suggest a psychological connection (APA, 2000).

Hypochondriasis

Hypochondriasis - A somatoform disorder characterized by misinterpretation of physical symptoms as signs of underlying serious disease.

The fear persists despite medical reassurances that it is groundless.

Hypochondriasis is believed to affect about 1% to 5% of the general population and about 5% of patients seeking medical care (APA, 2000; Barkoy & Ahern, 2004).

### Table 7.6

Diagnostic Features of Hypochondriasis

1. The person is preoccupied with a fear of having a serious illness or with the belief that one has a serious illness. The person interprets bodily sensations or physical signs as evidence of physical illness.
2. Fears of physical illness, or beliefs of having a physical illness, persist despite medical reassurances.
3. The preoccupations are not of a delusional intensity (the person recognizes the possibility that these fears and beliefs may be exaggerated or unfounded) and are not restricted to concerns about appearance.
4. The preoccupations cause significant emotional distress or interfere with one or more important areas of functioning, such as social or occupational functioning.
5. The disturbance has persisted for 6 months or longer.
6. The preoccupations do not occur exclusively within the context of another mental disorder.

Sources: Adapted from the DMS-III-R (APA, 1980).
Body Dysmorphic Disorder

Body dysmorphic disorder (BDD) - A somatoform disorder characterized by preoccupation with an imagined or exaggerated physical defect of appearance.

They may spend hours examining themselves in the mirror and go to extreme measures to correct the perceived defect, even undergoing invasive or unpleasant medical procedures, including unnecessary plastic surgery (Crerand et al., 2005). Others remove all mirrors from their homes so as not to be reminded of the glaring flaw in their appearance.

Pain Disorder

Pain disorder - A somatoform disorder in which psychological factors are presumed to play a significant role in the development, severity, or course of chronic pain.

The psychological factors may contribute to the development, severity, or maintenance of the pain. The pain is severe enough and persistent enough to interfere with the person’s daily functioning.
**Somatization Disorder**

Somatization disorder - A somatoform disorder characterized by repeated multiple complaints that cannot be explained by physical causes. These complaints persist for at least several years, and result either in the seeking of medical attention or in significant impairment in fulfilling social or occupational roles.

Reported rates of somatization disorder vary from 0.2% to 2% in women to less than 0.2% in men (APA, 2000).

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**Koro syndrome**

Koro syndrome - A culture-bound somatoform disorder, found primarily in China, in which people fear that their genitals are shrinking. Koro is considered a culture-bound syndrome, although some cases have been reported outside China and the Far East. Koro syndrome has been traced within Chinese culture as far back as 3000 B.C.E.

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**Dhat syndrome**

Dhat syndrome - A culture-bound somatoform disorder, found primarily among Asian Indian males, characterized by excessive fears over the loss of seminal fluid. Some men with this syndrome also believe (incorrectly) that semen mixes with urine and is excreted through urination.

Men with dhat syndrome may roam from physician to physician seeking help to prevent nocturnal emissions or the (imagined) loss of semen mixed with excreted urine.
Theoretical Perspectives

Conversion disorder, or “hysteria,” was known to the great physician of ancient Greece, Hippocrates, who attributed the strange bodily symptoms to a wandering uterus (hystera in Greek) creating internal chaos. Hippocrates noticed that these complaints were less common among married than unmarried women. He prescribed marriage as a “cure” on the basis of these observations and also on the theoretical assumption that pregnancy would satisfy uterine needs and fix the organ in place.

The wandering uterus.

The ancient Greek physician Hippocrates believed that hysterical symptoms were exclusively a female problem caused by a wandering uterus. Might he have changed his mind had he the opportunity to treat male aviators during World War II who developed “hysterical night blindness” that prevented them from carrying out dangerous nighttime missions?

Psychodynamic Theory

According to psychodynamic theory, hysterical symptoms are functional:

They allow the person to achieve primary gains and secondary gains.

The primary gain of the symptoms is to allow the individual to keep internal conflicts repressed.

Secondary gains from the symptoms are those that allow the individual to avoid burdensome responsibilities and to gain the support—rather than condemnation—of those around them.
Learning Theory

Learning theorists focus on the more direct reinforcing properties of the symptom and its secondary role in helping the individual avoid or escape anxiety-evoking situations.

From the learning perspective, the symptoms in conversion and other somatoform disorders may also carry the benefits, or reinforcing properties, of the "sick role."

Some learning theorists link hypochondriasis and body dysmorphic disorder to obsessive–compulsive disorder.

Cognitive Theory

Cognitive theorists have speculated that some cases of hypochondriasis may represent a type of self-handicapping strategy, a way of blaming poor performance on failing health (Smith, Snyder, & Perkins, 1983).

Cognitive theorists speculate that hypochondriasis and panic disorder, which often occur together, may share a common cause: a distorted way of thinking that leads the person to misinterpret minor changes in bodily sensations as signs of pending catastrophe (Salkovskis & Clark, 1993).

Treatment of Somatoform Disorders

The treatment approach that Freud pioneered, psychoanalysis, began with the treatment of hysteria, which is now termed conversion disorder.

Psychoanalysis seeks to uncover and bring unconscious conflicts that originated in childhood into conscious awareness.

Once the conflict is aired and worked through, the symptom is no longer needed and should disappear.
Psychodynamic and learning theory offer conceptual models of conversion disorder that emphasize the role of conversion symptoms leading to escape or relief from anxiety.