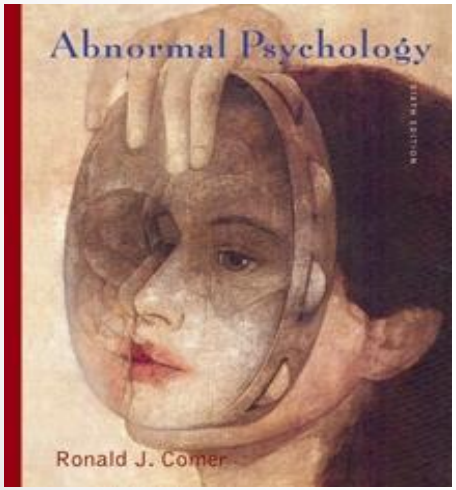
Somatoform and Dissociative Disorders



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includes

- **SOMATIZATION D/O**
- **CONVERSION D/O**
- **HYPOCHONDRIASIS**
- **BODY DYSMORPHIC D/O**
- **PAIN D/O**
- **UNDIFFERTIATED SOMATOFORM D/O**
- **SOMATOFORM D/O NOS**

Somatization Disorders

- Soma means body
- "somatization" was term coined by STEKEL

' process by which the deep psychological distress is transformed into physical symptoms"

- Physical or medical problems due to psychosocial factors
- Prevalence 0.2-2%
- Females :male 5:1
- No organic cause found even after repetitive tests
- Underlying psychological stress ; inter personal problems ; anxiety ; depression common

- The somatoform and dissociative disorders have much in common:
- Both occur in response to traumatic or ongoing stress
- Both are viewed as forms of escape from stress
- A number of individuals suffer from both a somatoform and a dissociative disorder
- Non-pathological, transient psychogenic somatic symptoms
- Acute but become chronic
- Usually starts before age 30 yrs

Diagnosis and clinical features

- History of physical symptoms over year
- With impairment in social, occupational functions
- **Four pain symptoms** : 4 different symptoms (abdomen, head, back, joints, during menstruation, urination)
- **Two gastrointestinal symptom** : (nausea, bloating, vomiting)
- **One sexual symptom** : (sexual indifference, excessive bleeding, vomiting)
- **One pseudo neurological symptom** : (impaired co-ordination, paralysis, aphonia)

Conversion Disorder

- Acute & temporary loss or alteration in motor or sensory functions
- Appears as a result of **psychological conflict**
- Losses or changes in memory, consciousness, and identity
- No physical causes
- Unlike dementia and other neurological disorders
- Patterns similar to somatoform disorders, due almost entirely to psychosocial factors
- **Marked repressed anxiety**

- Repressed psychosocial conflict or needs converted into dramatic physical symptoms
- Symptoms: Commonly neurological (paralysis, blindness, or loss of feeling)
- Late childhood and young adulthood rarely after age 30
- Male : female 1:2
- Sudden acute onset
- Primary gain: hysterical symptoms keep internal conflicts out of conscious awareness
- Secondary gain: hysterical symptoms enable people to avoid unpleasant activities , to receive attention or sympathy of others
- LA BELLE INDIFFERENCE : symptoms and emotions don't match
- Identification

Common symptoms

Motor symptoms

- Involuntary movement
- Tics
- Blepharospasm
- Torticollis
- Siezures
- Falling
- Astasia-abasia(bizzare gait, imbalance)
- Paralysis
- Aphonia

- **Sensory deficits**
- Aphonia
- Deafness
- Anesthesia

- **Visceral symptoms**
- Urinary retention
- Vomiting
- Syncope
- diarrhea

Hypochondriasis

- Non-delusional preoccupation with intense fear of having serious disease
- Unrealistically interpret bodily symptoms as signs of serious illness
- Belief not so strong as delusion but causes serious distress
- Duration > = 6 months
- Symptoms usually normal bodily changes, sores, or sweating
- Seen after death or serious illness of closed ones or after recovery from major illness
- Starts in early adulthood, men : women equally affected
- Episodic symptoms wax and wane over time

Body Dysmorphic Disorder (BDD)

- Also known as *Dysmorphophobia*
- Deep and extreme concern over an imagined or minor defect in one's appearance
- Foci are most often wrinkles, spots, facial hair, or misshapen facial features (nose, jaw, or eyebrows)
- Begin in adolescence but are often not revealed until adulthood

Factitious disorder

- Fake illness
- Induce , aggravate illness
- Motivation to have sick role and seek medical help

Treatment

- Drug therapy – antidepressant
- Insight – oriented
- Exposure – client thinks about traumatic event(s) that triggered the physical symptoms
- Suggestion – usually an offering of emotional support that may include hypnosis
- Reinforcement – a behavioral attempt to change reward structures

Dissociative disorder

Disruption in integrated functions of consciousness (memory, perception, identity)

- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder (multiple personality disorder)
- Depersonalization disorder
- Dissociative D/O NOS
- Memorably portrayed in books, movies, and television programs
- Dissociative symptoms are often found in cases of acute and posttraumatic stress disorders

Dissociative Amnesia

Inability to recall important personal information

- The loss of memory is extensive than normal forgetting
- No Organic factors noted
- Episode triggered by upsetting, stressful events
- Localized (circumscribed) – most common , loss of all memory of events occurring within a limited period
- Selective – loss of memory for some events within a period
- Generalized – may fail to recognize family and friends
- Continuous – forgetting old and new information and events (rare)

Dissociative fugue

- Sudden unexplained travel or away from home or customary place of daily activities with inability to recall important personal information

Escape from stressful situation

Lasts from months to years

they may travel thousands of miles, take on a new identity, build new relationships, and display new personality characteristics

d/ds : epileptic fugue , complex partial seizure (ictal , post ictal) , substance related disorders

In 1980 a Florida park ranger found a woman naked and starving in a shallow grave. Unaware of her identity and in an apparent fugue state, she was hospitalized as "Jane Doe." Five months later, the woman was recognized on *Good Morning, America* by Irene Tomiczek *(right)* as her 34-year-old daughter, Cheryl Ann, who had been missing for seven years. With the help of sodium amobarbital treatment and reunion with her family, Cheryl Ann's fugue at last began to lift.

Dissociative Identity Disorder/ Multiple Personality Disorder

Two or more sub personalities or identities that recurrently take control of individual's behavior accompanied by inability to recall

Identity, alters

Alters - each with a unique set of memories, behaviors, thoughts, and emotions

The transition from one sub-personality to the next ("switching") is usually sudden and may be dramatic.

- Generally there are three kinds of relationships:
- Mutually amnesic relationships – sub-personalities have no awareness of one another
- Mutually cognizant patterns – each sub-personality is well aware of the rest
- One-way amnesic relationships – most common pattern; some personalities are aware of others, but the awareness is not mutual

- **Repression-** Ego defense mechanism: Painful memories, thoughts, or impulses , emotions, betrayal trauma
- DID : lifetime of excessive repression motivated
- traumatic childhood events
- State-dependent learning
- If people learn something when they are in a particular state of mind, they are likely to remember it best when they are in the same condition
- This link between state and recall is called state-dependent learning
- dissociative disorders have state-to-memory links
- that are extremely rigid and narrow
- each thought, memory, and skill is tied exclusively to a particular state of arousal.

Dissociative d/o NOS

- Dissociative trance (possessions): temporary alterations in state of consciousness
- Dissociative stupor
- Brain washing : dissociation state seen in person who has kept in prolonged forceful persuasion (war captivations ' political captivations) bourn series of movie
- Ganser syndrome : approximate answers

Treatment

- Dissociative amnesia and fugue often recover on their own
- DID usually require treatment
- Psychodynamic therapy,(free association)
- Hypnotic therapy
- Drug therapy: Anxiolytics, atypical antipsychotics
- Narcoanalysis (barbiturates or anesthetic agents)

Thank you

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