

Chapter 5: Somatic and dissociative disorders

- Somatic symptoms disorder & related conditions (somatic disorders): mental disorders characterized by somatic (bodily) symptoms and/or excessive concerns about somatic symptoms and illness.
- Dissociative disorders: disruption in normal integration of psychological processes.
- Prevalence of somatic and dissociative disorders in community is not accurately known (difficult to measure & not often included in epidemiological studies).
- Dissociative personality disorder (multiple personality disorder): most well known dissociative disorder

Definition of somatic disorders, dissociative disorders and related terms:

- Somatoform disorders: somatic presentations of presumed psychological disturbance (introduced in DSM-III). Describes mental disorders in the form of physical (somatic) disease, with a presence of medically unexplained symptoms. DSM-5 refers to somatoform disorders as- “somatic symptoms and related disorders” and recognizes there is uncertainty about cause (whether symptoms/illness is truly medically unexplained and instead explained by psychological factors. De-emphasizes importance of whether symptoms are medically unexplained, instead emphasizes abnormal reactions to somatic symptoms).
- Somatic symptoms and related disorders characterized by combinations of prominent somatic symptoms, preoccupation and worry about having or getting an illness and/or excessive help seeking (abnormal illness behavior)
- Dissociative disorders: loss of normal integration of identity, memory, perception or consciousness.
- Healthy psychological functioning: sense of wholeness of personality, sense of self stemming from ability to integrate thoughts, feelings and behaviors, consciously aware of aspects of self and have sense of self continue over time.
- Dissociation: mechanism whereby one part of mental functioning is split off from the main part of mental functioning.
- Some researchers refer to somatic and dissociative disorders as a type of dissociation, one, psychoform dissociation and the other somatoform dissociation.
- Psychosomatic disorders: disorders characterized by identifiable physical illness or defect caused as least partly by psychological factors.

Historical approaches to somatic and dissociative disorders:

- Known by hysteria (Hippocrates, Greek physician)
- Hysteria: women experiencing non-fatal bodily symptoms, condition explained by a detached womb and was wandering around the body (hysterikos- suffering in the womb).
- Later explanations up until 19th century: sexual deprivation, treatments: pelvic and genital massage, hydrotherapy and stimulation with vibrators.
- 17th century English physician Sydenham: explained similar disorder characterized by multiple symptoms, this time in men- hypochondriasis (disorder entailing intense anxiety regarding the belief that one has a serious medical condition that one does not have). Hypochondrium referring to part of abdomen below ribs, a part of the body believed by the Greeks to be the site of melancholy/depression through production of black bile.

- 19th century French neurologists (Paul Briquet) interest in hysteria- described 430 patients with chronic and multiple somatic symptoms he called hysteria. Jean- Martin Charcot- hypnosis cure for hysteria, influenced Sigmund Freud whom studied with him. Pierre Janet (Jean student) extended study of patient's symptoms: interpreted physical symptoms as direct representations of traumatic events through a bodily memory (this idea has gained credit in contemporary trauma studies).
- Freud: wrote classic account of hysteria with physician Joseph Breuer in the case of Anna O, played fundamental role in psychoanalysis. Described case of multiple somatic symptoms and different states of consciousness occurring in context of psychological trauma, established concept of "talking cure". First case of psychoanalysis described. Identity of patient- Bertha Pappenheim. Freud explained her symptoms by the term conversion to signify the transformation of physical (mental) excitation into chronic somatic symptoms, the characteristic feature of hysteria. Idea of conversion remains as hypothesized psychological mechanism to this day.
- Hysteria was believed to happen to women and had a sexual basis.
- Freud believed hysteria was caused by unpleasant infantile sexual experiences- known as his Seduction theory of hysteria. Memory of these events were repressed (dissociated from conscious thought). Cure- transform unconscious memories of sexual abuse into conscious ones.
- Freud later withdrew from idea that early experiences of actual sexual abuse were involved, instead proposed that adult psychological problems caused by consciously unacceptable sexual fantasies from childhood.
- Masson proposed alternative explanation that Freud knew he was right by sexual abuse unconscious memories but lacked courage to face the scientific community.
- Freud seduction theory now has the greatest influence on contemporary understandings of dissociative disorders in which early trauma is theorized to play a crucial role.

Diagnosis of somatic symptom and related disorders:

- Range of disorders share common fact that individuals affected experience somatic symptoms and concerns about symptoms and associated with distress/impaired functioning.
- DSM-5 no longer emphasizes somatic symptoms are without medical explanation and are attributed to psychological cause (sometimes difficult to distinguish if symptoms caused by physical disease or psychological mechanism, may reflect limitations in medical knowledge regarding cause)
- Anna O may be case of epilepsy
- Factors that help identify somatic symptoms and related disorders as mental disorders (rather than medical conditions): number and persistence of symptoms, degree of bodily preoccupation, intensity of illness worry, seeking of medical/healthcare and poor quality of the patient-health-system relationship.
- Main somatic symptom and related disorders (DSM-5):

Somatic symptom disorder:

- One/more somatic symptoms (distressing & disrupting to life)
- Thoughts, feelings, behaviors related to somatic symptoms or health concerns

- State of being symptomatic persistent
- May specify:
- Predominant pain
- Persistent (severe symptoms and impairment, 6 months+)
- Mild, moderate or severe- based on somatic symptoms and psychopathology (thoughts, feelings, behaviors)

Illness anxiety disorder:

- Preoccupation with having or getting a serious illness
- Somatic symptoms not prominent
- High health anxiety
- Excessive health-related behaviors
- Present for 6months+

Conversion disorder (functional neurological symptom disorder):

- One/more symptoms of altered voluntary motor/sensory function
- Incompatible with recognized neurological/medical condition
- Causes significant distress/impairment
- May specify:
- Acute (<6 months) or persistent (>6 months)
- With/without psychological stressor
- Specific symptom type (e.g. weakness, paralysis, abnormal movements, attacks or seizures)

Psychological factors affecting other medical conditions:

- Medical condition present
- Psychological/behavioral factors adversely affect the medical condition

Factitious disorder:

- Falsification of physical or psychological symptoms or induction of injury/disease, in oneself or others.
- Individual presents themselves or another individual (victim) to others as ill, impaired or injured
- Deception does not appear to have external reward

Somatic symptom disorder:

- DSM-5: individual experiences one+ distressing/debilitating somatic symptoms accompanied by abnormal thoughts, feelings and/or behaviors in relation to somatic symptoms. Abnormal reactions to symptoms include:
 1. Disproportionate and persistent thoughts about seriousness of symptoms
 2. Persistently high levels of anxiety of health or symptoms
 3. Spending excessive time and energy devoted to the symptoms or health concerns
- Example of somatic symptoms: pain, gastrointestinal symptoms and neurological symptoms (paralysis, impaired coordination, loss of consciousness). Must be present for at least six months but not all symptoms have to appear at the same time.
- Somatic symptom disorder with predominant pain : pain is primary somatic symptom, similar to conversion disorder but pain is excess, conversion disorder entails loss of function. Depression and anxiety commonly present & may make sensations of pain worse, further negativity and hopelessness in depression makes suffering worse.
- Not much known about validity of this diagnostic category in DSM-5 as was only introduced

- Concerns of over diagnosis due to only one symptom having to be present for diagnosis

Illness anxiety disorder:

- Most individuals who experience abnormal levels of health anxiety (hypochondriasis) meet criteria of diagnosis of somatic symptom disorder
- Individuals preoccupied with having/getting a serious illness without somatic symptoms are diagnosed with illness anxiety disorder
- May worry about number of symptoms and/or diseases or fixated on a single organ or disease
- High anxiety about health and engage in excessive health-checking behaviors
- Health concerns persist > 6 months despite medical reassurance and must not be explained by another medical disorder
- Elements to illness anxiety:
 1. Disturbances in perception (hypersensitivity regarding bodily sensations)
 2. Affect (illness anxiety)
 3. Cognition (beliefs)
 4. Behavior (help seeking)
- Danger is that doctors may become submissive of the patient due to their frequent presentation; doctor may fail to diagnose or over investigation may maintain the patient's disorder

Conversion Disorder (functional neurological symptom disorder):

- Definition of disorder not changed much over time; disorder marked by sudden loss of functioning in a part of the body without a medical cause.
- Disturbance in one+ aspects of patient's motor/sensory functioning
- Examples: paralysis, blindness, gait (walking) or difficulty swallowing
- Disturbance cannot be explained by another medical illness/ mental disorder
- Sensory disturbance not consistent with anatomical distribution of nerves, muscle reflexes present and normal.
- Disturbance causes distress and/or impaired functioning
- La belle indifference (French term); common feature of conversion disorder involving an odd lack of concern regarding loss of bodily function
- Commonly occurs in people who have had/have a physical disease (person with epilepsy having non-epileptic seizures – pseudo-seizures)
- Diagnosis should be maintained when diagnosing as a possible physical disease accounting for symptoms may reveal later.
- Most cases resolve spontaneously over a short period of time and don't require treatment
- Epidemics of conversion/mass hysteria: occur periodically in large numbers of people in a particular setting develops the same symptom (schools/workplaces; has been a degree of stress thus physiological arousal).

Factitious disorder:

- Def: disorders characterized by deliberately faking physical/mental illness in order to gain medical attention.
- Symptoms may be inaccurately reported/ self-induced
- 1951: known as Munchausen's syndrome after Baron von Munchausen
- Psychological explanation: disturbed, dependent or needy personality that seeks security and comfort of medical care

Variant of disorder: factitious disorder imposed on another or Munchausen's by proxy; an individual will feign illness of another (parent upon a child) also