

● ● ● | PSY 235
Introduction to Abnormal Psychology

Somatoform, Dissociative, and Factitious Disorders

1

● ● ● | Outline/Overview

- Somatoform Disorders
 - Conversion Disorder
 - Somatization Disorder
 - Pain Disorder
- Dissociative Disorders
 - Dissociative amnesia
 - Dissociative fugue
 - Dissociative identity disorder
- Factitious Disorder
 - Munchausen Disorder/by Proxy

2

● ● ● | Somatoform Disorders

- Conversion Disorder
- Somatization Disorder
- Pain Disorder

- General characteristics
 - alteration of physical functioning
 - unexplainable by organic cause
 - psychological factors related to symptom(s)

3

● ● ● | **Conversion disorder**

- loss or change in bodily functioning
- psychological factors associated with symptom
- not intentionally produced
- can't be explained by medical condition/substance
- formerly - hysterical conversion
- paralysis, blindness, mutism most common symptoms
- visual processing occurs at some level
 - respond worse than chance

4

● ● ● | **Conversion disorder (cont.)**

- problem in diagnosing - definitively ruling out medical disorder
- evidence of current/prior neurological disorder or disease affecting the brain reported in various studies in from 18 to 64%
- Prevalence
 - lifetime prevalence possibly as high as 33%
 - probably not more than 5% of non-psychotic patients

5

● ● ● | **Etiology**

- psychodynamic
 - anxiety is not discharged by expressing feelings
 - body part is significant, symbolizing conflict
- cognitive/behavioral
 - symptoms reduce anxiety → reinforcing
 - sympathy, concern reinforcing symptoms

6

● ● ● | **Somatization Disorder**

- Briquet's syndrome
- chronic - multiple somatic symptoms
- cannot be explained medically
- psychosocial distress
- medical help-seeking.
- four types of symptoms
 - pain symptoms(4)
 - gastrointestinal symptoms other than "pain"(2)
 - sexual symptoms(1)
 - pseudoneurological symptom(1)
- no organic cause or in excess given the historical, physical, and laboratory findings

7

● ● ● | **Somatization Disorder (cont.)**

- not faked or produced
- lifetime prevalence 0.2 to 0.4%.
- 10-20% of the first degree female relatives
- 29% MZ concordance vs. 10% DZ concordance
- neuropsychological problems implicated
- attentional and cognitive impairments
- faulty perception and assessment of somatosensory input
- must rule out organic causes
- disorders with nonspecific, transient symptoms

8

● ● ● | **Pain Disorder**

- pain in one or more sites
- causes marked distress or impairment of functioning
- >6mos. = chronic
- <6mos. = acute
- psychological factors have an important role
- coded differently depending on whether actual organic factor is related

9

● ● ● | Pain Disorder (cont.)

- more intense when followed by increased attention from others
- generally insist that their life is "perfect"
- pain - organic causes generally fluctuates
 - sensitive to emotional, cognitive, attentional, and situational influences
- pain that doesn't vary in intensity is likely to be psychogenic
- twice as common in women
- first degree relatives of those with disorder are more likely to have

10

● ● ● | Pain and Somatization Disorder

- overutilizers of medical services
- numerous medications
- unnecessary surgeries
- complication - substance abuse

11

● ● ● | Treatments

- suggestion - some success- telling the patient symptoms would go away
- psychodynamic - insight into conflict will get patients to give up the physical symptoms
- no well-controlled research
- Tricyclic antidepressants
- antidepressant vs. direct analgesic action
- biofeedback - especially for headache pain
- pain control programs
 - many different treatment techniques, cognitive, behavioral, group therapies, education, relaxation techniques, physical therapy, and exercise

12

● ● ● | Pain Control Programs

- secondary gain removed
- symptoms not reinforced
- independence and functional behavior
- encouraging results
- if enough secondary gain nothing will be effective
- Cases: "Sickly" and "The Boards", time permitting

13

● ● ● | Dissociative Disorders

- Dissociative amnesia
- Dissociative fugue
- Dissociative identity disorder
 - disruptions in memory, consciousness, or identity
 - two or more mental processes exist or alternate without becoming connected or influencing each other
 - mild dissociative experiences are very common
 - children often dissociate - imaginary playmates
 - many cultures - accepted ways of dealing with stress

14

● ● ● | Five key symptoms

- amnesia-loss of memory
- depersonalization-persistent feelings of detachment
- derealization-objects in the world seem strange or unreal
- identity confusion
- identity alteration-behavior patterns suggesting new identity

15

● ● ● | **Dissociative Amnesia**

- sudden loss of memory for personally important information
- too extensive to explain by forgetfulness
- usually follows a stressful event
- must differentiate from amnesia due to an organic cause
- insults to the brain can cause amnesia
- dissociative usually troubled by significant stress prior to onset
- no identifiable neurological cause

16

● ● ● | **Dissociative Amnesia (cont.)**

- 4 signs never exhibited by organic amnesics
 - loss of recent and remote memory
 - loss of personal information, general fund of knowledge intact
 - lack of anterograde amnesia
 - abrupt reversal of symptoms
- differentiate from malingering
- 27-65% of murderers report no memory
- hypnotized dissociating patients typically gain access to forgotten material
- malingering patients usually resist
- typically less concerned about memory loss

17

● ● ● | **Dissociative Fugue**

- suddenly leaves home or work
- travels to a new location
- does not remember pre-fugue life
- most resolve within a matter of days
- most occur after a trauma
- prevalence is estimated at about .2%
- twice as many men than women

18

● ● ● | **Dissociative Identity Disorder**

- multiple personality disorder
- preceded by childhood trauma
- two or more distinct identities
- each sufficiently integrated to have stable pattern of perceiving and relating

19

● ● ● | **Development of DID**

- traumatic emotional problem
- overwhelming
- alter created to compartmentalize the problem
- generally very suggestible
- creating alters reinforced by reduction in anxiety

20

● ● ● | **Dissociative Identity Disorder (cont.)**

- alters may not be aware of each other's presence
- passive identities have the most constricted memories
- more hostile or controlling alters likely to have complete memories
- alters often differ widely
- transitions may be gradual or nearly instantaneous
- number of alters reported - 2 to over 100
- avg. about 15 alters

21

● ● ● | **Dissociative Identity Disorder (cont.)**

- virtually all DID patients are “grade 5’s” in terms of hypnotizability
- retrieval of the memories may not be beneficial
- outcomes of treatment for 30 randomly selected patients

22

● ● ● | **DID Treatment outcomes**

Factor	% Status before	% Status after
suicidal ideation	10	67
had been hospitalized	7	37
self-mutilated	3	27
employed	83	10

- Prevalence: one small scale study placed at a little over 1%
- 9 times more frequent in women
- individuals instructed to “role play” multiples show EEG difference

23

● ● ● | **Treatment**

- need to figure out roles various alters play in coping
- cognitive behavioral therapies
- behavioral interventions
- treatment is aimed at addressing the depression and anxiety that make the splitting necessary
- psychodynamic approach - under hypnosis alters are called up and asked to speak freely
- one study reported 94% success
- treatment can take 2-3 years

24

● ● ● | Factitious Disorder

- Also called Münchausen Syndrome
- Symptoms produced by deliberate induction
- Desire to assume the "patient" role

- Faking or simulating a disability as illness??
- Can be very costly to health care system/society

25
