

## SOMATOFORM DISORDERS

Disorders that are associated with ANXIETY at a severe level.

The anxiety is REPRESSED and results in the presence of real physical symptoms for which there is no evidence of medical illness.

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### Somatoform Disorders Include

- Somatization Disorder.
- Conversion Disorder.
- Hypochondriasis.
- Pain Disorder.
- Body Dysmorphic Disorder(BDD).

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### Somatoform Disorders and Associated Defense/Adaptive Mechanisms

- Somatization-Somatization
- Conversion Disorder-Conversion.
- Hypochondriasis-Denial and somatization.
- Pain Disorder-Displacement.
- Body Dysmorphic Disorder-Symbolism and Projection.

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- Somatization-process of expressing a mental condition (anxiety)as a disturbed bodily function.
- Conversion—express emotional conflict through the development of physical symptoms (sensorimotor).
- Symbolism-everything that occurs is a symbol of the clients own thoughts.

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- Somatization Disorder  
Assessment**
- Chronic with multiple somatic symptoms, cannot be explained medically.
  - Anxiety, depression, suicidal ideation, drug abuse and dependence are common.
  - Heightened emotionality, strong dependence, preoccupation with symptoms.

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- Pain Disorder  
Assessment**
- Severe and prolonged pain causing significant distress or impairment.
  - Pain systems correlate with stressful situation.
  - Symptoms of depression and substance abuse are common.
  - Pain disorder may be maintained by Primary,Secondary,Tertiary gain.

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### Definition

- **Primary Gain-positive** reinforcement for somaticizing through added attention, sympathy and nurturing.(eg. Pain disorder-symptoms enable client to avoid unpleasant activity.)
- **Secondary Gain-positive** reinforcement by avoiding difficult situation because of physical complaint.(eg Pain promotes emotional support and attention.)

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### Definitions Cont.

- **Tertiary gain**-focus of family switch to him/her and away from conflict in the family. (eg.Pain-the physical symptoms take such a position that the real issue is disregarded and remains unresolved.)

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### Hypochondriasis Disorder Assessment

- Preoccupied with fear of contracting or having a disease.
- Fear becomes disabling with no organic pathology or symptoms become excessive in relation to the pathology.
- Anxiety and depression are common, OCD traits are often seen.

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**Conversion Disorder  
Assessment**

- Loss or change in body function resulting from psychological conflict unexplained by medical disorder or pathophysiology.
- “Classic” conversion symptoms are NEUROLOGICAL symptoms that occur after extreme stress.
- Client expresses lack of concern, “la belle indifference” with severe impairment, a clue that the problem is psychological.

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**Body Dysmorphic Disorder  
Assessment**

- Exaggerated belief that the body is deformed or defective.
- Depression and symptoms of OCD are common.

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**Predisposing Factors  
Somatoform Disorder**

- **Genetic:** hereditary factors possible in somatization, conversion and hypochondriasis disorders.
- **Psychodynamic Theory:**
  - a. hypochondriasis may be EGO defense mechanism. Physical complaints=low self – esteem.
  - b. Conversion disorder results from unacceptable emotions converted to physical symptoms.

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**Predisposing Factors Cont.**

- **Learning Theory:**
  - a. Somatic complaints reinforced when sick person is excused from unwanted duties (primary gain).
  - b. Sick person becomes prominent focus of attention (secondary gain).
  - c. Conflict shifts to ill person away from issues (tertiary gain).

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**Predisposing Factors Cont.**

- **Learning Theory Cont.**
  - d. hypochondriasis- past experience with illness predispose a person (learned).
- **Family Dynamics:** Somatization brings stability to the family and positive reinforcement to child.
- **Biochemical:** <levels serotonin/endorphins=pain disorder.
- **Transactional Model Stress/Adaptation:** multiple causes

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**Dissociative Disorders**

- Dissociative Disorders involve a disruption in consciousness with a significant impairment in memory, identity, or perception of self.

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### Dissociative Disorders

- Dissociative Amnesia-inability to recall important information.
- Dissociative Fugue-Sudden, unexpected travel away from home with the inability to recall one's past.
- Dissociative Identity Disorder-Existence of 2 or more personalities in one person.
- Depersonalization-characterized by feeling of detachment or estrangement from oneself.

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### Dissociation Disorders Assessment

- Splitting of clusters of mental contents from conscious awareness, a mechanism central to hysterical conversion and dissociation.
- Dissociative symptoms of emotional numbing (detachment) amnesia, depersonalization often accompanied by symptoms of anxiety.

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### Dissociative Amnesia Assessment

- Inability to recall important information usually associated with stress/trauma.
  - a.local-ALL incidents for specific period.
  - b.selective-CERTAIN incidents for specific period.
  - c.continuous-event after a specific time to present.
  - d.General-everything including ID.
  - e.Systematized-Specific category of info. (eg.event)

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**Dissociative Fugue  
Assessment**

- Sudden unexpected travel from home or customary place.
- Unable to recall personal ID, often assumes new ID.
- Occurance of severe psychological stress or excessive alcohol use often precipitates the fugue behavior.

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**Dissociative Identity Disorder  
(DID) Assessment**

- Existence of 2> distinct personalities within a single person.
- At least 2 personalities states recurrently take control of client's behavior.
- Transition usually sudden, dramatic and precipated by stress.
- Psychological trauma-traumatic events overwhelm the individual .DID used as a survival strategy.

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**Depersonalization Disorder  
Assessment**

- Depersonalization in perception of self. Feeling of detachment/estrangement from oneself.
- Derealization-alteration in the perception of external environment.
- Anxiety, depression, fear of going insane, somatic complaints, disturbance in subjective sense of time.

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**Predisposing Factors  
Dissociation Disorders**

- **Genetics:** possible in DID.
- **Neurobiological:** dissociative amnesia and fugue maybe related to neurophysiological dysfunction. EEG abnormal in DID.
- **Psychodynamic:** Freud (repression) dissociation behaviors are a defense against unresolved painful issues.
- **Psychological trauma:** DID-many personalities to cope (survival strategy).

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**Nursing Diagnosis  
Somatoform**

- Ineffective coping-physical complaint (somatization)
- Chronic pain-(pain disorder)
- Disturbed Sensory Perception- (conversion).
- Disturbed body image-(dysmorphic).
- Fear-(hypochondrasis).
- Social Isolation-(somatoform disorders).

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**Nursing Diagnosis  
Dissociative Disorders**

- Disturbed thought process-(amnesia).
- Risk for suicide-(DID).
- Disturbed sensory perception- (depersonalization).
- Ineffective coping-(dissociative fugue).

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**Nursing Interventions**  
**Somatoform/Dissociative Disorders**

- Coping Strategies:
  - a. Emotion-focused coping strategies such as relaxation techniques, deep breathing, guided imagery and distraction.
  - b. Problem –focused coping strategies such as problem-solving strategies and role-playing.
- Expressing of emotional feelings: recognize relationship between stress/coping and physical symptoms. (physical complaints, primary/secondary gains)
- \*Keep patient safe.

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**Treatment Modalities**  
**Somatoform Disorders**

- Individual psychotherapy.
- Group psychotherapy.
- Behavior therapy.
- Psychopharmacology

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**Treatment Modalities**  
**Dissociative Disorders**

- Individual psychotherapy.
- Hypnosis.
- Supportive care.
- Integration therapy (DID).
- Cognitive therapy.
- Group/Family therapy
- Psychopharmacology

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