

Body Related Disorders:  
Somatoform, Conversion, Factitious

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Psychological Disorders Related to  
Physical Body

- Soma or Body
- Somatoform Disorders, Conversion Disorders, Factitious Disorders

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Somatoform Disorders (DSM IV)

- Somatization (Briquet's or hysteria)
- Hypochondriasis
- Psychogenic Pain
- Conversion Disorder
- Body Dysmorphic Disorder
- Undifferentiated Somatoform Disorder

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DSM V

- v Somatic Symptom Disorder
- v Conversion Disorder

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PDM Somatoform

1. Affective: sense of "something wrong with my body," anxiety, pain, or total unconcern (denial)
2. Cognitive Patterns: cognitive absorption with one's body, preoccupation with sensations as Sx
3. Somatic States: fight or flight reactions
4. Relationship Patterns: intense, aggressive, need for reassurance

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Somatoform Disorders  
Commonalities

1. Have body complaints or loss of function
2. Often no organic pathology
3. Maladaptive response to symptoms
4. Psychological factors play important role
5. "la belle indifference"
6. Precipitant

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## Somatization (Briquet's Syndrome)

- "Grand Hysterics or Chief Troublemakers"
- Complaints: characteristics
- Complaints splayed
- Presentation

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## Somatization

- Common Complaints:
  - Headaches, fatigue, heart palpitations, fainting spells, nausea, paralysis, numbness, blindness

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## Hypochondriasis

- Unrealistic interpretation of physical signs or sensations as abnormal leading to a preoccupation with having a serious disease
- One of the most frequently seen somatoform disorders
- Video on Speaking Out

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## Hypochondriasis

- May involve several systems or may be specific preoccupation with one organ or disease
- Vagueness in presentation
- Lots of "doctor shopping"
- Avid readers of medical journals, magazines, internet sites

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## Conversion Disorders



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## Conversion Disorders

- Old Hysteria or Hysterical Neuroses
- Thought to be restricted to women
- Pattern in which symptoms of some physical malfunction or loss of control appear with no organic pathology

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### Conversion Disorders

- Voluntary control?
- Stressful event
- Most classic symptoms:
  - Paralysis, anesthesia, blindness, tunnel vision

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### Conversion Disorders

- Usually appears in stressful situations
- La belle indifference
- Onset often in early adults but can appear at other points in life

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### Conversion Disorders

- Pianist who developed Glove anesthesia
- Hysterically blind individuals
- Individuals in Wartime who lose capacity to use firearms
- Neurologist who developed conversion disorder

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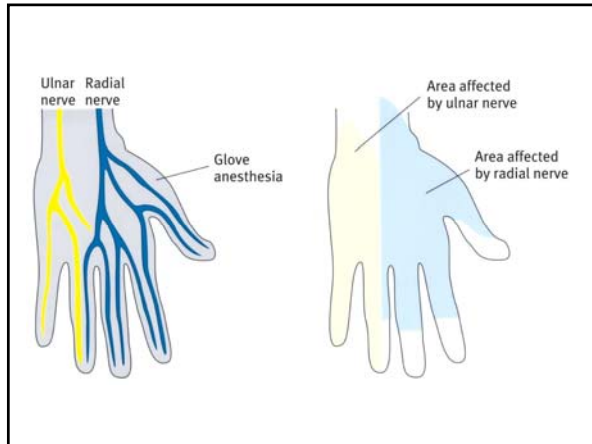
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**Conversion Disorders**

- Three Categories of Symptoms:
  - Sensory: any sense can become involved
  - Motor: paralysis, tremors, tics, aphonia
  - Visceral: headache, lump in throat, choking, coughing,

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**Conversion Disorders vs Physical Basis**

- La belle indifference
- Symptoms don't conform
- Selective nature of the dysfunction
- Under hypnosis can remove symptom

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## Hysterical Blindness

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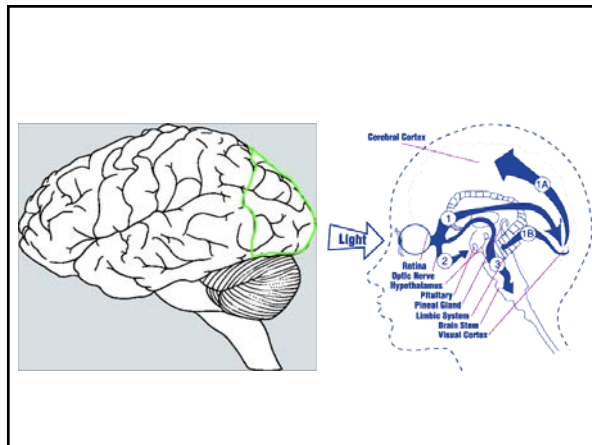
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## Factitious Disorders

- Separate Section of DSM IVTR in DSM V under
  - Somatic Symptom & Related Disorders (also conversion disorder)
- Munchausen's Syndrome
- Not real, not genuine
- Characterized by physical symptoms produced by the individual and are under voluntary control

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### Factitious Disorder

- Compulsive quality
- Person will injure him/herself or do other things to create real symptoms in order to receive medical attention, typically seeking admission as an inpatient
- All organ systems potential targets

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### Factitious Disorders

- Present history with drama, but are vague and inconsistent
- Pathological liars
- Have extensive knowledge about hospitals
- Demand attention, will undergo very painful diagnostic procedures including multiple surgeries

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### PDM Factitious disorders

1. Affective: Wide range: anxiety, hostile, superficiality, manipulative, opportunistic
2. Cognitive Patterns: Physical or psychological complaint of the moment, ruminations, chronically preoccupied (try to convince others they are suffering)
3. Somatic States: Chronic tension, (in quest for attention) inflict injury upon themselves, body may be permanently compromised
4. Relationship Patterns: Needy, dependent, negativism, dissatisfaction (initial overt compliance), eliciting irritation from others

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Disorder of Patienthood

- Extreme dependency and regression

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Muncheusen's by Proxy (DSM-IV)  
or  
Factitious Dis. Imposed on Another (DSM – V)

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Malingering

- Patient has voluntary control of symptoms but the symptom production is for purpose of obtaining a specific and recognizable goal (e.g., money)

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<http://digital.films.com.ezproxy.library.ubc.ca/PortalPlaylists.aspx?id=17592&xtid=7849&loid=28225>

35:30 Somatization

30:30 Conversion

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