

# Somatoform Disorders

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# What are Somatoform Disorders?

Somatoform Disorders fall into two groups;

- 1) Some involve the **experience of painful and disabling physical symptoms.**
- 2) Others involve **extreme preoccupation and worry** about an illness or about a physical deformity.

In all Somatoform Disorders the symptom cannot be explained by a medical problem, another disorder (like anxiety or depression), or medication or drugs. The symptoms or preoccupation with the symptoms cause significant emotional distress and/or impairment in family, social and occupational areas. Sufferers may even undergo many medical tests to determine the cause or to remedy the suspected medical condition. The different Somatoform Disorders are described below.

## Somatisation Disorder

A person with somatisation disorder suffers from many symptoms over several years before the age of 30. These symptoms are numerous and very broad ranging including pain symptoms (e.g., painful joints), gastrointestinal symptoms (e.g., nausea), sexual or reproductive symptoms (e.g., lack of interest in sex) and symptoms relating to the nervous system (e.g., loss of coordination or balance). Somatisation Disorder is found in .02 - 2% of the population and is usually more common in females.

## Undifferentiated Somatoform Disorder

This is very similar to Somatisation Disorder except the person has fewer symptoms and these symptoms are not as severe. This disorder is most common in young females.

## Conversion Disorder

The symptoms experienced in this disorder affect bodily movement (e.g., paralysis) or affect one of the senses (e.g., blindness). A person may also

experience convulsions or seizures. The person focuses on the presenting symptom, but may show little concern about the nature or implications of the symptom. This disorder occurs in about 3 out of 1000 people. It seems more common in females. It begins around late childhood to early adulthood.

### **Pain Disorder**

Pain disorder involves intense and severe pain in one or more places on the body. It may result in anxiety, depression, suicidal behaviour and abuse of painkillers. The pain is so severe that the person may not want to participate in everyday activities, which may lead to social isolation. Pain disorder appears to be relatively common and can occur at any age. Females report certain chronic pain conditions like headaches and muscular pain more often than males.

### **Hypochondriasis**

Hypochondriasis involves preoccupation and worry about fears of having or developing a serious disease. The person begins to worry when they notice symptoms they believe are signs of the disease. People most prone to this disorder are those who suffered a serious illness in childhood or who have had experience with a disease, for example if someone they knew had a disease. The person may not realise their concern is unrealistic despite comprehensive medical evaluation and reassurance. This usually begins in early adulthood and is equally common in males and females. About 4 to 9% of patients seen in general medical practices have this disorder.

### **Body Dysmorphic Disorder**

This involves preoccupation and worry about a perceived physical defect or deficit, such the shape and size of facial or body features. Concern and worry over the abnormality is excessive and time consuming. Sufferers become embarrassed and avoid the problem. Lots of time is spent grooming and camouflaging. This disorder is equally common in men and women and is influenced by cultural ideals about appearance. It usually begins in adolescence.

# How Do Somatoform Disorders come about?

When people think they might be ill they act in certain ways. It appears that Somatoform Disorders (except Conversion Disorder) emerge from a normal response to illness. This response is a cycle in that each part leads on to the next. In Somatoform Disorders the cycle becomes a 'vicious cycle'.

The vicious cycle in Hypochondriasis and Somatisation Disorder is described below.

## 1. Physical Sensations

Physical sensations arise from physical arousal, illness or emotional distress. They capture attention despite efforts to ignore them.

## 2. Thoughts

A person may pay more attention to their body and their symptoms. These symptoms may be interpreted as illness, guiding attention to other symptoms that confirm this belief. Thoughts and images about the symptoms may lead to worry about what the symptoms mean, making the person even more concerned about their health.

## 3. Behaviour

The person may try to reduce symptoms or to get well by changing their behaviour (e.g., staying in bed). These actions can create feelings of helplessness and can make the symptoms worse, leading to further emotional distress.

## 4. Reactions from Others

When people change their activities, such as being unable to work, others are affected. Their reactions can contribute to the problem. They may react with criticism and a lack of sympathy or they may be overly sympathetic and encourage the sufferer to further limit what they do in case it makes the symptoms worse.

## **5. Emotional Distress**

The emotional distress caused by others' reactions can have an effect on physical sensations making them more numerous and intense. This may result in a person becoming more focused on their body; ultimately making them feel more unwell. The worsening of these bodily sensations starts the cycle again.

With Body Dysmorphic Disorder the response is similar except the preoccupation is with a physical defect or deficit. Thoughts about a defect or deficit lead to behaviours such as covering the blemish up, and then to the responses from others, and finally to greater distress. It is a vicious cycle where each step makes the response more extreme and the experience more severe.

The causes of Conversion Disorder are quite different. It is believed that stress or painful and distressing interpersonal conflicts, cause feelings and sensations to cut off from what is happening inside our bodies. The brochure on Dissociative Disorders may be helpful to see how this can happen.

## **What treatments should I receive?**

Since physical causes cannot be identified, medical treatment is difficult. A better approach is to manage stress so the physical symptoms do not worsen. Psychological treatments such as cognitive-behaviour therapy are effective in this.

Your Clinical Psychologist can develop a treatment plan; however a description of available treatments follows.

### **Cognitive-Behaviour Therapy**

Health concerns lead us to pay attention to bodily sensations. While everyone does this, it may lead to worries that the sensations mean

something is wrong. Thoughts and beliefs also play a role in worsening symptoms. In addition to being more attentive to sensations, sufferers interpret bodily sensations as being overly dangerous. This causes concern about being ill, leading to more stress. For example, someone with Hypochondriasis may think their gastric problems mean they have cancer. Stress from worrying about this may then lead to headaches, which may in turn be interpreted as signs of a brain tumor. The Clinical Psychologist will help the individual see their bodily sensations are normal. The Clinical Psychologist also helps the person replace unhelpful interpretations with more helpful ones to reduce the anxiety and distress they cause.

When a person misinterprets bodily sensations as indicating a serious illness, they may act to lessen the occurrence of the symptoms (e.g. resting) or finding the cause (e.g. medical investigations). These behaviours may seem helpful, but they do not help because they stop learning that the sensations are not dangerous. This vicious cycle is addressed with exposure and response prevention.

During *exposure* an individual faces feared bodily sensations. Exposure to feared bodily sensations can be gradual, beginning with exposure to the least concern-provoking sensations and progressing eventually to the most worry-provoking sensations. Exposure may also take the form of flooding, where the individual confronts the most worry-provoking bodily sensations. Both are effective and choice depends on the individual preference.

Exposure is combined with *response prevention*, which asks the individual to stop seeking reassurance. Response prevention is important because individuals may realise that the sensations are not as dangerous as they thought. This paves the way for adopting more helpful interpretations of bodily sensations.

In addition to exposure and response prevention, symptom management and coping skills are also important in treatment.

## **Coping Skills**

Psychological stress and emotional distress can worsen physical symptoms, so it is important to develop effective ways to cope with stress. Identifying the stressor is a first step. Stressors may include relationship problems, work difficulties, and life changes. If financial difficulties are the cause of the stress, then it may be beneficial to teach problem-solving skills. Likewise, if relationships are the source of stress, couple counselling may be useful.

## **Symptom Management**

Sufferers learn to focus on how to best to manage minimize discomfort caused by the symptoms. A common technique is relaxation training, which is particularly effective in chronic pain. The experience of pain is worsened when muscles are tensed. Relaxation can help overcome this by reducing tension in the body.

Overbreathing can lead to chest pains and worsen the experience of pain. Slowing breathing down will reduce hyperventilation and associated pain. Exercise may also be beneficial. Often we rest when we think our physical symptoms mean we're getting ill. However, this may worsen symptoms by leading to feelings of tiredness and muscular discomfort. An inactive lifestyle can lead to muscle degeneration and worsen symptoms such as fatigue and weakness. Exercise can therefore be vital in the road to recovery.

The importance of each treatment component depends on which Disorder a person has. Your Clinical Psychologist will help identify which components will best treat your symptoms.

## **The therapeutic relationship**

The relationship with the Clinical Psychologist plays an important role in treatment. From a shared understanding, client and therapist work together to achieve the goals and progressing through therapy.

**Medication**

Medical treatments may also be available, particularly those with depression. However, it is important to stress that the effectiveness of such medication does not lie 'curing' physical ailments but in reducing associated distress. The most effective medication for Somatoform Disorders to date has been anti-depressants.

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