

# Somatoform Disorders

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## OBJECTIVES/RATIONALE

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Somatoform disorders represent a relatively new clustering of bodily disorders for which medical doctors can find no physical causes. The student will recognize the core clinical features of somatoform conditions and identify and differentiate between the “mind-body” disorders.

TEKS: 121.26 (c) 1H, 1I, 2C

TAKS ELA 1, 3  
Science 2

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## KEY POINTS

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- I. Somatoform disorders:
  - A. all involve physical symptoms for which no underlying organic basis exists
- II. chronic disorder - usually begins in teenage years
  - A. identified more often in women than in men
- III. disorders are not feigned or intentional
- IV. somatoform disorders include the following: somatization disorder, conversion disorder, pain disorder, hypochondriasis, and body dysmorphic disorder
  - A. **Somatization Disorder.**
    - 1. previously known as hysteria
    - 2. usually strikes before the age of 30
    - 3. commonly develop more symptoms during times of emotional distress
    - 4. generally has history of vague symptoms related to specific body systems, which cause him/her to see variety of physicians
    - 5. often self-rate their health as very poor even lower than people with chronic medical conditions
    - 6. significant social, occupational, and/or other impairment
    - 7. most common symptoms are related to gastrointestinal, sexual/reproductive, and neurologic body systems
    - 8. symptoms are not intentionally produced
  - B. **Conversion Disorder.**
    - 1. only one symptom (whereas a person with somatization disorder has several) which can appear at any age
    - 2. sensorimotor disturbance of bodily functions
      - a. range of sensory symptoms: paresthesia (abnormal sensations, such as tingling, numbness, or heightened sensation), and anesthesia (loss of feeling) to blindness and deafness
      - b. range of motor symptoms: tics to seizures to paralysis
    - 3. sometimes precipitated by a severe trauma such as rape, deep anger and frustration, disaster, war, etc.
    - 4. disorder typically begins and ends abruptly
    - 5. affected body part sometimes related to inner psychological conflict person is experiencing
      - a. Example: A husband, who is denying his anger and growing dislike towards his spouse, may be experiencing a deep unconscious hatred and desire to hurt his wife. He could experience paralysis of his dominant arm and not know why.
    - 6. contracture may occur after disorder ends if there long-term paralysis

7. there tends to be strong denial against possible psychological explanations
8. prognosis is generally good with only 20% of patients relapsing within 5 years

**C. Pain Disorder.**

1. patient consistently preoccupied with unexplained pain for period of over 6 months
2. frequently prevents individual from attending work or school
3. frequent medication use and relationship problems
4. contributes to work disability in about 10 to 15 % of the population
5. pain often leads to depression, suicide, social isolation and results in expenditure of many resources trying to find a cure
6. treatment might include use of nerve blocks, and carefully controlled pain medications

**D. Hypochondriasis.**

1. preoccupation with fears of heaving serious disease or chronic belief that one has a serious illness
2. hyperawareness of normal bodily sensations such as heartbeat or breathing
3. do not want to be referred to psychiatrists
4. most treated by family physicians with physicals and reassurance that they do not have serious ailment

**E. Body Dysmorphic Disorder.**

1. normal-appearing person is preoccupied with imagined or minor physical defect
2. pervasive feeling of ugliness despite a normal appearance
3. body parts that are often thought to be inferior – face, hair, breasts, and genitalia
4. average age of patient is 30 years
5. patients may appear shy, narcissistic, and/or obsessive and will seek plastic surgery as a definitive cure

**ACTIVITIES**

**I. The students will form groups and plan a debate:**

**TOPIC:** *In the not too distant past, conditions like asthma were thought to be somatoform disorders. Are the somatoform disorders, as defined by DMS IV, purely psychological, or do you believe that they are biological and it is a matter of time until doctors identify the etiology?*

Affirmative: Somatoform disorders, as defined by DMS IV are psychological.

Negative: Somatoform disorders are biological and it is just a matter of time until doctors identify the etiology.

**MATERIALS NEEDED**

<http://www.healthsci.utas.edu.au/psychiatry/intro.htm> – Case studies for somatoform disorders

[http://www.uams.edu/departement\\_of\\_psychiatry/syllabus/somatoform/somatoform/htm](http://www.uams.edu/departement_of_psychiatry/syllabus/somatoform/somatoform/htm)  
<http://psyc.queensu.ca/faculty/marshallb/somatoform.html>

} Somatoform sites

*Diagnostic and Statistical Manual of Mental Disorders*—Fourth Edition (DSM-IV), ISBN 0-89042-062-9

*DSM-IV Case Book: A Learning Companion To The Diagnostic and Statistical Manual of Mental Disorders*—Fourth Edition, ISBN0-88048-675-9 (Collection of case studies compiled by psychologists including their differential diagnosis and follow-up.)

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## **ASSESSMENT**

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HOSA Biomedical Debate Guidelines

<http://www.hosa.org>

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## **ACCOMMODATIONS**

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For reinforcement, the student will prepare a chart, which lists symptoms of each somatoform disorder.

For enrichment, the student will read and analyze case studies of each somatoform disorder.

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## **REFLECTIONS**

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