Dissociative amnesia and dissociative identity disorder are not well understood. Among the processes that have been cited to explain them are extreme repression, operant conditioning, state-dependent learning, and self-hypnosis. The latter two phenomena, in particular, have excited the interest of clinical scientists.

Dissociative amnesia may end on its own or may require treatment. Dissociative identity disorder typically requires treatment. Approaches commonly used to help people with dissociative amnesia recover their lost memories are psychodynamic therapy, hypnotic therapy, and sodium amobarbital or sodium pentobarbital. Therapists who treat people with dissociative identity disorder use the same approaches and also try to help the clients recognize the nature and scope of their disorder, recover the gaps in their memory, and integrate their subpersonalities into one functional personality.

People with yet another kind of dissociative disorder, depersonalization-derealization disorder, feel as though they are detached from their own mental processes or body and are observing themselves from the outside, or feel as though the individuals or objects around them are unreal or detached. Transient depersonalization and derealization experiences seem to be relatively common, while depersonalization-derealization disorder is not.

Chapter 8:

FACTITIOUS DISORDER Persons with factitious disorder feign or induce physical disorders, typically for the purpose of assuming the role of a sick person. The disorder is not well understood or treated. In a related pattern, factious disorder imposed on another, a parent fabricates or induces a physical illness in his or her child.

CONVERSION AND SOMATIC SYMPTOM DISORDERS Conversion disorder features bodily symptoms that affect voluntary motor and sensory functions. The symptoms are inconsistent with known medical diseases. Diagnosticians are sometimes able to distinguish conversion disorder from a “true” medical problem by observing oddities in the patient’s medical picture. In somatic symptom disorder, people become excessively preoccupied, concerned, and anxious about bodily symptoms that they are experiencing, and their lives are greatly and disproportionately disrupted by the symptoms. Freud developed the initial psychodynamic view of conversion and somatic symptomatic disorders, proposing that the disorders represent a conscious or unconscious conversion of underlying emotional conflicts into physical symptoms. According to behaviorists, the physical symptoms of these disorders bring rewards to the sufferer, and such reinforcement helps maintain the symptoms. Some cognitive theorists propose that the disorders are forms of communication and that people express their emotions through their physical symptoms. Treatments for these disorders include insight, exposure, and drug therapies and may feature techniques such as suggestion, reinforcement, or confrontation.

ILLNESS ANXIETY DISORDER People with illness anxiety disorder are chronically anxious about and preoccupied with the notion that they have or are developing a serious medical illness, despite the absence of somatic symptoms. Theorists explain this disorder much as they do anxiety disorders. Treatment includes drug, behavioral, and cognitive approaches originally developed for obsessive-compulsive disorder.

PSYCHOPHYSIOLOGICAL DISORDERS Psychophysiological disorders are those in which biological, psychological, and sociocultural factors interact to cause or worsen a physical illness. Factors linked to psychophysiological disorders are biological factors such as defects in the autonomic nervous system or particular organs; psychological factors such as particular needs, attitudes, or personality styles; and sociocultural factors such as negative social conditions and cultural pressures.

For years clinical researchers singled out a limited number of physical illnesses as psychophysiological. These traditional psychophysiological disorders include ulcers, asthma, insomnia, chronic headaches, hypertension, and coronary heart disease. Recently many other psychophysiological disorders have been identified. Indeed, scientists have linked many physical illnesses to stress and have developed a new area of study called psychoneuroimmunology. Stress can slow lymphocyte activity, thereby interfering with the immune system’s ability to protect against physical illness during times of stress. Factors that seem to