### STUDY GUIDE

**CHAPTER 8**

1. What is dissociation? What is a somatic complaint? How do they differ?
2. Define somatization. How is it different from somatic complaints?
3. Distinguish “normal” from “pathological” types of dissociation. What happens in extreme cases of dissociation?
4. Name and define the various DSM and ICD dissociative disorders.
5. Name and define the various DSM and ICD somatic symptom and related disorders.
6. Why do some clinicians believe the concept of dissociation should be removed from the DSM and ICD? What do they mean when they refer to DID as an iatrogenic condition?
7. What are the arguments for and against the overhaul of the somatic symptom disorders in DSM-5?
8. Describe the alternative diagnostic perspectives to the DSM (PDM-2, HiTOP, and PTMF)
9. What is the wandering womb theory of hysteria? Describe its historical relevance.
10. Describe the historical contributions of Sydenham, Briquet, and Charcot to understanding and treating hysteria.
11. How were hypnosis and post-hypnotic suggestion relevant to Janet’s thinking about dissociation and hysteria?
12. What medications are used to treat dissociation? To what extent do these drugs help and what is the evidence base to support their use?
13. Why are opioid antagonists sometimes used to treat dissociation?
14. What drugs are prescribed to treat somatic symptoms? Describe the evidence base for these drugs.
15. Name various brain regions have been implicated in dissociation and somatic symptom complaints. What is the current status of brain research for these issues?
16. Describe theories about how transcranial magnetic stimulation (TMS) and electroconvulsive therapy (ECT) work to treat psychogenic movement disorders.
17. What evidence is there from adoption, family, and twin studies for a genetic basis to dissociation and somatic symptom issues?
18. Genes related to what neurotransmitter have been associated with dissociation and somatic symptom problems? What are the limits of genetic marker research that has identified these genes?
19. How do evolutionary theorists explain dissociation in general and DID specifically?
20. Describe an evolutionary explanation of somatic symptoms. How does this explanation fit with the diathesis-stress model?
21. How do evolutionary theorists explain pain symptoms as adaptive?
22. What is psychoneuroimmunology (PNI) and what has PNI research taught us about the relationship between psychological stress and physical health?
23. How does stress impact lymphocyte function, according to PNI research?
24. What is the problem with relying mainly on correlational research when it comes to biological theories of dissociation and somatic symptoms?
25. Define the posttraumatic model of somatic and dissociative disorders.
26. Distinguish primary from secondary gain.
27. How do psychodynamic theorists explain dissociation? What is the difference between psychodynamic perspectives that see dissociated experiences as unformulated rather than repressed?
28. How do psychodynamic approaches treat dissociation?
29. Explain the relevance of self-hypnosis relevant to DID.
30. How do psychodynamic theorists explain and treat somatic symptom issues? What is the evidence base for psychodynamic therapies for somatic symptom complaints?
31. From a CBT perspective, what roles do conditioning and encoding play in dissociation?
32. What is state-dependent learning and why is it important in thinking about DID?
33. Describe various cognitive techniques for helping people deal with dissociation.
34. How are conditioning and cognitive misinterpretation relevant in CBT conceptualizations of somatic symptom issues?
35. What CBT interventions are used to treat somatic symptoms problems? Describe these interventions.
36. What is biofeedback and how is it employed as an intervention for psychosomatic complaints? Explain the rationale behind why it is thought to help.
37. In what way do humanistic theorists see dissociation as a meaningful and adaptive strategy?
38. How might a person-centered therapist approach DID and how does such an approach potentially avoid iatrogenically inducing symptoms?
39. What are body-oriented psychotherapies and how are they relevant to somatic symptom complaints?
40. Define character armor and alexithymia, then describe their usefulness in thinking about somatic symptoms from a body-oriented therapy perspective.
41. What specific bioenergetics exercises might a body-oriented therapist use to treat somatic symptom issues?
42. Assess the current state of research on psychological treatments for dissociative and somatic symptom issues. Which treatments appear to be helpful?
43. Describe cross-cultural differences in how people define dissociation and somatization. Are there differences cross culturally in how symptoms are displayed and what does this suggest about the universality of these issues?
44. What is the sociocognitive model of DID? Which model does it stand in opposition to? Describe the arguments of its supporters and detractors.
45. Outline the major arguments made in the “false memories debate.” Can these arguments be reconciled?
46. Are dissociation and somatic symptom issues stigmatizing? Summarize relevant findings.
47. What is the internal family systems (IFS) model of DID?
48. How is structural family therapy used to conceptualize and treat somatic symptoms? What role do psychosomatogenic families play in the structural family therapy account?
49. What controversies should future sociocultural research on dissociation and somatic symptoms endeavor to resolve?
50. What challenges do dissociative and somatic symptom clinicians and researchers face going forward?