

Somatoform disorders in *DSM-IV*: Mental or physical disorders?

Richard Sykes*

WHO Collaborating Centre, Institute of Psychiatry, University of London, United Kingdom

Received 18 July 2005; received in revised form 15 December 2005; accepted 16 January 2006

Abstract

Objective: To examine analytically the question of whether the characterization of somatoform disorders (SFDs) in *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)* provides adequate grounds for classifying them as mental disorders rather than as physical disorders. **Methods:** Analytical examination. **Results:** There are prima facie grounds for classifying SFDs as physical disorders since they are characterized by physical

symptoms. The characterization of SFDs in *DSM-IV* does not provide adequate grounds for classifying them as mental disorders. **Conclusion:** The spectrum of SFDs is drawn too widely in *DSM-IV*. At least some of the conditions now listed as SFDs in *DSM-IV* should be either given a dual diagnosis or classified simply as physical disorders.

© 2006 Elsevier Inc. All rights reserved.

Keywords: Somatoform disorders; Conceptual issues; Classification; Physical disorder; Mental disorder; Psychological factors

Introduction

Several recent articles [1–5] have commented on the need to rethink the category of somatoform disorders (SFDs) and on the need to investigate the conceptual as well as the empirical questions involved. This paper investigates a key conceptual issue that has received little attention so far: Does the characterization of SFDs in *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)* of the American Psychiatric Association (APA) provide adequate grounds for classifying SFDs as mental disorders?

Sometimes, attempts are made to brush this question aside as an inappropriate one. Sometimes, it is said that we should not ask whether a disorder is a physical or mental one: We should merely ask what the physical, psychological, or mental aspects of a disorder are and should refuse to answer the question as to whether the disorder is a physical or mental one.

In many situations, this may be a reasonable response. However, in the context of a classification system, such as

DSM-IV, this response is not appropriate. The disorders that *DSM-IV* classifies are expressly said to be mental disorders, and it is a legitimate question to ask whether the disorders that *DSM-IV* lists as mental disorders are appropriately so listed or whether it would be more appropriate to list them as physical disorders, or, in the language of *DSM-IV*, as general medical conditions.

The question of whether a disorder should be classified as a physical or a mental one is not simply an academic issue. It is a question that is particularly important for patients for it can have significant, practical consequences for them. It is likely to influence how they will be treated, who will treat them, and whether they will have to cope with the many disadvantages of a mental illness label, such as financial and employment disadvantages, as well as stigma [6]. Further, a mental illness label, when inappropriately applied, may lead to the unjustified attribution of psychological problems that patients do not have, the exaggeration of psychological problems that they do have, and the neglect of any physical problems that are present. It may also lead to discord in the doctor–patient relationship and to less-than-optimal treatment [6].

It is well established that patients with medically unexplained symptoms commonly have mental disorders

* Tel.: +44 0117 973 8317.

E-mail address: richardsykes@blueyonder.co.uk.

such as anxiety and depression and that these disorders are often not diagnosed and treated [7]. However, it is also important to realize that there is a corresponding (yet opposite) problem—patients with medically unexplained symptoms are frequently credited with mental disorders or psychological problems for which there is little real evidence, and this causes serious difficulties. What is needed is an accurate evaluation that neither underestimates nor overestimates the physical and mental problems involved. A good classification system can help achieve this result.

Methods

An analytical examination of the characterization of the category and subcategories of SFD in *DSM-IV* is provided.

Results

The characterization of the category of SFD in DSM-IV

The opening statement in the chapter on SFD in *DSM-IV* [8] reads:

“The common feature of the Somatoform Disorders is the presence of physical symptoms that suggest a general medical condition (hence, the term somatoform) and are not fully explained by a general medical condition, by the direct effects of a substance, or by another mental disorder (e.g. Panic Disorder).”

This account in *DSM-IV* immediately raises the question “Why should disorders so characterized be classified as mental disorders and not physical disorders?” Since SFDs are characterized by the presence of physical symptoms, would they not naturally be classified as physical disorders (or as general medical conditions in *DSM* terminology) unless there was some good reason for not doing so? There would seem to be a good *prima facie* case for classifying them as physical disorders.

Does *DSM-IV* provide any good reason for classifying SFDs as mental disorders and not as physical disorders? Does the fact, for example, that they are not fully explained (by a general medical condition, by the direct effects of a substance, or by another mental disorder) provide a good reason for classifying them as mental disorders?

I would suggest that the mere fact that SFDs are not fully explained is not a good reason for classifying them as mental disorders and that any surface plausibility is derived from what may be called “psychogenic inference.” The psychogenic inference is the inference that if a disorder does not have known physical causes, then its causes must be psychological. If this inference were sound and one could legitimately infer that the causes of SFDs are psychological (since they are by definition unexplained), then this would provide a substantial reason for classifying SFDs as mental disorders.

The difficulty with this line of reasoning is that the psychogenic inference is clearly unsound. If the physical cause of a disorder is not known, it may be the case that the disorder does have a physical cause but medical science has yet to pinpoint it. Hence, one cannot legitimately argue that SFDs must have psychological causes simply because they are not fully explained by a general medical condition (or by the direct effects of a substance or by another mental disorder). The fact that their symptoms are not fully explained by a currently recognized general medical condition could be used instead to support the claim that new general medical conditions should be recognized to account for the symptoms.

Granted that the fact that SFDs are not fully explained is not a good reason for classifying SFDs as mental disorders, is there any other reason provided in *DSM-IV* for classifying them as mental disorders?

What is noteworthy in *DSM-IV*'s account of the category of SFD is the absence of any reference to psychological factors and to any role that they may have in these disorders. This is in striking contrast to the account given in *DSM-III* [9], where SFDs are described as disorders where “there is positive evidence or a strong presumption that the symptoms are linked to psychological factors or conflicts” and where “the specific pathophysiological processes involved are . . . conceptualised most clearly using psychological constructs.” This association with psychological factors provides a positive reason in *DSM-III* for classifying SFDs as mental disorders.

However, the account in *DSM-IV*, reflecting the drive to make psychiatric diagnosis symptom based rather than etiologically based, contains no similar clause and, consequently, fails to provide any definite reason for classifying the category of SFD as a mental disorder.

Undifferentiated somatoform disorder (USFD) and somatoform disorder not otherwise specified (SFDNOS) in DSM-IV

Just as no adequate reason is provided for classifying the category of SFD as a mental disorder, similarly, no good reason is provided for classifying the subcategories of USFD and SFDNOS as mental disorders in *DSM-IV*. There is no reference to psychological factors in either of these subcategories in *DSM-IV*'s account.

Other subcategories of SFD

In contrast with *DSM-IV*'s treatment of USFD and SFDNOS, there is a reference to psychological factors in the description of some of the other subcategories of SFD. For example, psychological factors are mentioned in conversion disorder (“psychological factors are judged to be associated with the symptom or deficit because the initiation or exacerbation of the symptom or deficit is preceded by conflicts or other stressors”) and pain disorder

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات