1999

The Psychological Treatment of Somatoform Disorders

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Summary. Psychological factors are assumed to be of major importance in the maintenance of somatoform disorders. Therefore psychological interventions can play a pivotal role in the treatment and management of somatoform disorders. These interventions, however, should be based on empirical findings concerning the origins of the symptomatology. We present a psychological treatment program which is based on studies about cognitive, behavioral, psychobiological, and further aspects of the disorder. This treatment package includes interventions such as relaxation training, cognitive restructuring, exposure, biofeedback, communication training, family interventions, and medical management.

Key words. Somatization, Somatoform disorder, Psychological treatment, Comorbidity, Evidence-based medicine

Introduction

The general healthcare system can be categorized into three parts. Most patients with unclear somatic symptoms are treated in primary care. For some of these patients, primary care is not sufficient and the patients are referred to specialists who use psychopharmacology or brief psychological interventions. However, these specialist treatments fail to succeed for some patients with somatoform symptoms. These patients may be characterized by comorbidity with other mental and physical disorders, by high chronicity, or severe psychosocial problems. Therefore some countries propose a third step of treatment using multiprofessional and intensive approaches (Fig. 1).

In a previous paper we presented the results of a treatment approach of tertiary care in an inpatient treatment-setting [1]. We found that an integrative behavioral medicine approach can help to improve patients with somatization syndromes. Patients of this study were treated in 1991 and reassessed 2 years later. Meanwhile,

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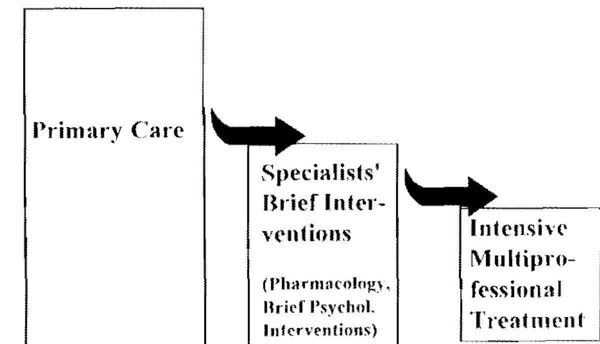

FIG. 1. Cascade model for the management of somatization

multiple studies investigating the properties of patients with somatization syndrome have been published. Therefore, we can now improve our treatment approach considering more specific results about the process of somatization.

Components of a Psychological Treatment Programme

Normalization of Psychobiological Processes

A series of studies has demonstrated that somatoform disorders are characterized by psychobiological and psychophysiological abnormalities. Somatization as well as associated disorders can covary with psychoendocrinological and psychoimmunological changes. While some authors found reduced scores for cortisol in disorders such as chronic fatigue syndrom or posttraumatic stress disorder, we could demonstrate that some patients with somatization are characterized by increased morning cortisol concentrations (see Fig. 2). Further findings for psychophysiological overarousal were also presented [2].

Many patients with somatization syndrome show further signs of psychophysiological dysfunction which may contribute to the maintenance of physical symptoms (such as dysfunctional breathing, elevated muscle tension, etc.). All of these psychobiological properties can be of major importance for the treatment of the patients. Psychobiology presents a bridge between the organic health belief of the patients and the more psychosomatic health beliefs of the therapists. The therapist can demonstrate that he doesn't believe that all symptoms are "just in the mind," but the physical symptoms also have organic, but nonthreatening correlates. This information may help to constitute a positive relationship between therapist and patient.

The psychobiological results point to the necessity of psychological treatment approaches including interventions which help to reduce psychophysiological dysfunctions. Such interventions may include relaxation training, biofeedback, or breathing retraining.

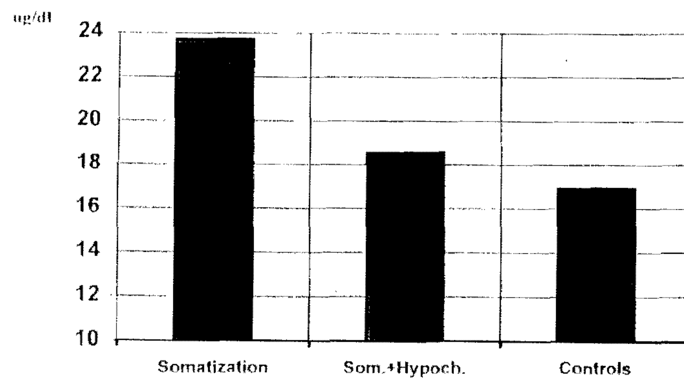

FIG. 2. Salivary morning cortisol. *Som. + Hypoch.*, somatization and hypochondriasis

Normalization of Attributions and Cognitions

Somatization can be understood as abnormal perception and misinterpretation of physical symptoms. Physical symptoms are an everday phenomenon [3]. Nearly everyone experiences such sensations as slight dizziness after standing up, hot feet after a long walk, or breathlessness after going up some steps.

To investigate how people with somatization syndromes interpret such bodily signals, we developed a questionnaire (the CABAH, cognitions about body and health [4]). We could demonstrate that people with somatization syndrome as well as people with hypochondriasis have elevated scores for the factor "catastrophizing interpretation of bodily signals." These patients tend to misinterpret typically benign physical symptoms as potentially threatening (e.g., headache is often a sign of a brain tumor). The resulting health concerns lead the patient to observe even minor bodily sensations. This selective attention process may lead to an amplified style of perception, as Barsky [5] points out.

These results demonstrate that in psychological treatment approaches it is necessary to normalize the perception and interpretation of bodily symptoms. Sensky et al. [6] emphasize that the focus should not be on eliminating catastrophizing cognitions, but the psychological treatment should strengthen possible alternatives and neutral interpretations of physical symptoms.

How can this be reached in psychological treatments? One possibility is the provocation of benign physical symptoms. Patients should be encouraged not to avoid, but to be exposed to as many as possible physical sensations. This approach resembles to the exposure therapy for agoraphobic fears. Another possibility is the demonstration of psychophysiological changes after psychological tasks. Using biofeedback equipment, therapists can demonstrate to patients how heart rate, muscle tension and other variable change after tasks such as mental arithmetic, remembering difficult social situations, or relaxing. These interventions help to reduce a catastrophizing interpretation of physical symptoms and to look for possible psychological influences on bodily well-being.

Reducing Abnormal Illness Behaviour

Patients with somatoform symptoms are characterized by abnormal illness behavior. Often they cannot sustain body misperceptions without visiting doctors. Many patients take unnecessary and sometimes even harmful medication. Others permanently ask reassurance that the physical symptoms are not threatening. In psychological terms, these behavioral aspects are reinforced as they lead to the consequence of reductions of health anxiety. Moreover, they prevent the patient from developing self-help strategies. Therefore the psychological interventions have to follow the aim of a reduction of abnormal illness behavior and to encourage the patient to develop coping strategies which reduce the dependency on other persons.

Some patients cannot manage to reduce or give up doctor visits due to the somatoform symptoms. The doctor visits, however, can reinforce abnormal illness behavior as described above. A solution to this dilemma may be to propose regular doctor visits which should be independent of subjective or physical well-being and which only depend on time (e.g., every 4–6 weeks). In this way, the doctor visits can lose the reinforcing function due to the reduction of health anxiety. Furthermore, in the time period between doctor visits, patients are encouraged to develop and to test self-help strategies.

The avoidance of physical exercise is a further behavioral aspect of somatization. This leads to a reduction of physical fitness. The physically weak person, however, experiences more bodily symptoms than the well-trained person. Thus the more the person avoids physical activity, the more he/she will experience body symptoms. Therefore it is necessary to encourage people with somatoform symptoms to do regular physical activities such as jogging, swimming, or gymnastics.

A further behavioural problem may arrive when patients with somatization syndrome reduce their social activities as consequence of the disorder. A reduction of external stimulation however leads to an amplified perception of physical symptoms [3]. Thus the more a patient with somatoform disorders lives in social isolation, the more he/she will experience the somatoform symptoms. Therefore, the psychological treatment has to encourage these patients to look for social contacts and to communicate with other persons.

The communication with other persons, however, can be disturbed when the patients tend to complain a lot. The chronically ill patient is in danger of using his/her complains to get his/her needs satisfied. To reduce the "secondary gain" of the symptomatology, the psychological interventions should enhance the person's possibilities to communicate in a self-fulfilling manner. Communication training and role playing may be means to stimulate a normal expression of needs, emotions, and assertiveness behavior [10].

Sometimes "significant others" take part in the maintenance of illness behaviour. Family members, the head of the employment, or colleagues can motivate the patient to search for further medical specialists or to visit new treatment centers offering nonevaluated therapies. In these cases, it can be helpful to contact these persons and to try to motivate them for a coordinated intervention. Moreover, family interventions can be helpful to reduce illness-oriented family communications.

The Psychological Treatment of Comorbid Problems

Many patients presenting with somatoform symptoms have further psychiatric disorders. Major depression and other affective disorders are common, but also panic and other anxiety disorders are frequent [8]. Most of these problems can be treated effectively by psychological interventions [9]. Comorbidity should not only be viewed as a problem but can sometimes provide further possibilities in the treatment of somatoform disorders. In the case of anxiety disorders, psychological and physical interactions can be demonstrated very convincingly. In the case of depressive disorders, the interaction between affective well-being and physical well-being can be demonstrated using symptom diaries.

Medical Management

In a subgroup of patients with somatoform symptoms an accompanying medical management is necessary. As decribed above, the doctor visits should be provided in an time-contingent manner and not well-being-contingent. Some authors suggest that the principal treatment goal is to prevent iatrogenic harm. Therefore unnecessary examinations should be avoided. Moreover, pseudodiagnosis and pseudotreatments can reinforce the organic health beliefs of the patients; therefore they are not helpful in the long-term course.

The Evaluation of Psychological Treatments

As the tradition of research in somatoform disorders is short, there is a lack of controlled and randomized treatment trials. However, the first studies have demonstrated that psychological treatments can help to improve the subjective well-being, to reduce health anxieties, and to normalize the interpretation and attribution of physical symptoms (cf. [1, 10, 11]). As the knowledge about psychological processes in somatoform disorders is rapidly increasing, further improvements of the effectiveness of psychological interventions can be expected for the following years.

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