

Somatic Symptoms and Related Disorders: A General Overview

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Abstract. In 2013, as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition was published, the name “Somatic symptom and related disorder” replaced “Somatoform disorders” and came into public sight. In the past decade, the prevalence of this category of disorders continued to increase. However, people still know little about this category of “mystery illness”. Therefore, the purpose of this paper is to provide a general overview of this category of disorders, including its diagnosis and treatment methods that have been proven to be effective, including cognitive behavioral, mindfulness, psychodynamic, psychopharmacologic, and other therapies. This paper is based mainly on the information included in DSM-V and reviewed pertinent literature, research, and papers found on websites such as Google Scholar and CNKI. This paper would be able to provide the reader with more understanding and possibly contribute to eliminating stigmatization by providing the public with more information on this particular group of disorders.

1 Introduction

In ancient Greece, the concept of somatic symptoms was associated with hysteria, a condition often associated with women, characterized by unexplained physical symptoms such as paralysis, seizures, and pain. It was believed that hysterics were caused by disturbances in humor, in other words, bodily fluids. During the Middle Ages, people’s understanding of hysteria is influenced by supernatural beliefs. Individuals experiencing unexplained physical symptoms were often labelled as witches or possessed by demons, leading to mistreatment and even death. Then, in the 19th century, the concept of hysteria was evaluated with the emergence of modern psychology and psychiatry. The term “Briquet syndrome” was coined by a French physician, Paul Briquet, in the 19th century to describe a group of physical symptoms that could not be explained by known medical conditions. Later, Wilhelm Stekel coined the word “Somatization” for experiencing psychological distress and physical symptoms, as in Briquet syndromes. Consequently, somatization was added as a subcategory for somatoform disorders in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM). Then as the new *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V) was released in the year 2013, the name somatic symptom and related disorders (SSRD), which people know today, replaced somatoform disorder. From existing research, statistics show that the prevalence of this disorder is still high today, therefore it would be meaningful to educate the public about this category of disorders and their treatments [1].

Since the concept of somatic symptoms and related disorders was born, it has undergone many changes in its

classifications and diagnosis, during the process, psychologists and therapists gain more information about this mystery illness, while much information such as its etiology still remains unclear.

Therefore, aiming to provide the public with a general understanding of somatic symptoms and related disorders, this paper provided information on this category of disorders, including its impact on individuals, controversies surrounding it, different sub-categories, past and current diagnoses, and a variety of treatment methods. The paper employs a review methodology, wherein relevant literature about somatic symptoms and related disorders is gathered from online resources like Google Scholar and CNKI. The primary source of information for this review is the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

2 Introduce concepts of Somatic Symptoms and related disorders

The collection of disorders classified as Somatic Symptoms and related disorders are distinguished by the predominance of somatic symptoms, or physical symptoms that don't match up with any known medical condition, as well as excessive thoughts and feelings connected to the symptoms according to DSM-V, which listed a number of disorders that are included in this classification, including factitious disorder, conversion disorder, illness anxiety disorder, and somatic symptom disorder [2].

Affected individuals’ daily functioning and interpersonal relationships could be significantly impacted. Somatic Symptoms and Related Disorders would bring authentic pain and harm to the body, even if

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the reason is not medically explained. The individual may become preoccupied with their excessive concerns, causing these excessive concerns to become a feature of their identity and affect their relationships with others.

2.1. Introduce controversies on diagnosis and symptoms

Somatic Symptoms and related disorders have been controversial due to the complexities of their symptoms and diagnosis.

One of the main controversies around Somatic Symptoms and related disorders is the debate of whether it should be classified as primarily physical or psychological. Due to the physical symptoms of the condition that are linked to psychological distress and impairment, the contribution of psychological factors to the development of symptoms has been speculated.

Somatic Symptoms and related disorders' another main controversy is about their diagnosis and classification. The criteria for diagnosing this category of disorders have been criticized for being ambiguous and causing confusion, leading to overdiagnosis or mislabeling.

3 Diagnosis

Under the category of "somatic symptoms and related disorders," the new DSM-V includes somatic symptom disorder, illness anxiety disorder, conversion disorder, psychological factors affecting other medical conditions, factitious disorder, and other specified and unspecified somatic symptoms and related disorders. This section included the current classification for somatic symptom disorder, the current and past diagnostic criteria, and their comparison. For comorbidities, according to DSM-V, anxiety and depressive disorder are high-rate comorbidities for somatic symptoms and related disorders [2].

3.1 Subcategories

Multiple distressing current somatic symptoms that are correlated to excessive thoughts and activities are referred to as somatic symptom disorder.

People who suffer from illness anxiety disorder exhibit excessive obsession with health issues, high levels of concern about their health, excessive engagement in health-related behaviors, and in some cases even avoidance. Depending on whether they are the care-seeking or care-avoidant kind of illness anxiety disorder, affected individuals may actively and frequently seek medical attention or avoid it.

Conversion disorder, also referred to as functional neurological symptom disorder, is characterized by symptoms of altered voluntary motor or sensory neurons that are not consistent with other physical or psychological disorders. These symptoms could be weakness, paralysis, swallowing, abnormal movement, and many more.

When a medical symptom or condition is present but does not adequately a mental disorder, it will be classified as psychological factors affecting other medical conditions under the category of somatic symptoms and related disorders. Individual's health conditions would be adversely affected by these factors, while no other mental disorder should be able to adequately explain them.

When a person portrays themselves to others as sick or impaired while fabricating psychological or physical signs or symptoms, it is known as a factitious disorder. Such actions are evident even if there are no external rewards and do not fit into any other category of mental disorders adequately. Individuals could also suffer from factitious disorder when another individual portrays them to be sick or impaired.

The term "Other specified somatic symptom and related disorder" refers to a category for symptoms that produce substantial distress and fit into the criteria of SSRDs but do not fully fit into any of their subcategories listed above. This group of disorders included conditions like Brief Illness Anxiety Disorder and Brief Somatic Symptom Disorder, which are both too temporary to be classified as either illness anxiety disorder or somatic symptom disorder.

Similarly to other specified somatic symptoms and related disorders, the unspecified somatic symptom and related disorders category also consists of symptoms that are characterized as an SSRD and cause significant distress for affected individuals, but do not adequately fit in any of the other categories above. The difference is that this category is limited to instances where more specific diagnosis can not be made due to limited information.

3.2 Current criteria

The DSM-V provides three criteria as the current standard of diagnosis for Somatic Symptom disorder, a subcategory of SSRDs, including distressing somatic symptoms; excessive thoughts, feelings, and behaviors related to the symptoms or health condition; and the ongoing state of being symptomatic [2].

3.3 Past criteria

The past diagnostic standards in the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* have different criteria for Somatic symptom disorder (Somatoform disorder). Somatoform disorders include subcategories such as somatization disorder, undifferentiated somatoform disorder, conversion disorder, pain disorder, hypochondriasis, body dysmorphic disorder, and somatoform disorder not otherwise specified [3].

The previous diagnostic standards for somatoform disorder overemphasized the importance of medically unexplained symptoms, and several of its criteria caused confusion and mislabeling. The absence of well-defined cutoff points in the diagnosis of somatoform disorder resulted in debates regarding the category's scope, which

most likely caused somatoform disorders to be excluded from the majority of significant epidemiological surveys of psychiatric disorders. The lack of a general medical explanation for somatic symptoms is the only characteristic shared by incoherent categories of somatoform disorders, which adds to the ambiguity of this diagnosis by causing many other disorders that somatic symptoms associate with to overlap with somatoform disorder and results in mislabeling [4]. Moreover, researchers have found that the DSM-IV-TR criteria are inappropriate for children and adolescents who are suffering from somatoform disorders [5].

3.4 Comparison between past and current diagnosis

In comparison, the current diagnosis for somatic symptom disorders has fewer sub-categories and criteria that no longer overemphasize medical unexplained symptoms, which makes it less ambiguous and more reliable. The current criteria emphasize positive symptoms, which are the somatic symptoms and excessive thoughts & feelings. Researches have been conducted to test the reliability of the current diagnosis, and the results proved that it had good reliability, validity, and clinical utility [6]. Additionally, existing studies that compared the accuracy and reliability of the diagnosis of DSM-IV Hypochondriasis and the DSM-V Somatic Symptom Disorder & Illness Anxiety Disorder have shown that the latter is more accurate and reliable than the former in identifying cases of clinically significant health anxiety, proving that the diagnosis in DSM-V is more accurate and reliable [7]. Overall, the DSM-V diagnosis improved on reliability and validity, compared to the previous categories and criteria.

4 Treatments

As a prevalent disorder, somatic symptoms and related disorders' treatments involve a combination of therapies that aim to help affected individuals manage their symptoms and improve the quality of their lives.

Current treatments for Somatic Symptoms and related disorders include cognitive behavioral therapy, mindfulness therapy, psychodynamic therapy, psychopharmacotherapy, and many more. These therapies address different aspects of the disorder and all aim to improve the patient's life quality.

Overall, this section of the paper will introduce and analyze different therapies for somatic symptoms and related disorders based on existing papers and past research.

4.1 Cognitive Behavioral Therapy

As a widely recognized form of psychotherapy that emphasizes the connection between thoughts, feelings, and behaviors, cognitive behavioral therapy bases on several core principles: that psychological difficulties originate partially from maladaptive thinking or behavior patterns and that people can also learn coping methods

for their disorders and relieve their symptoms. Therefore, this form of therapy aims to help affected individuals identify and challenge their maladaptive thoughts thus leading to positive changes in their behavior, and improving their life quality.

Cognitive behavioral therapy would be beneficial for patients with SSRDs in a number of ways.

Firstly, techniques such as cognitive restructuring in cognitive behavioral therapy could help individuals identify and challenge the excessive thoughts associated with their physical symptoms, thus reducing their anxiety and distress which negatively impact their daily lives. Cognitive behavioral therapy could also teach individuals skills to manage stress and improve their coping strategies. By learning to identify and address sources of stress in their lives, individuals can reduce the impact of the distress associated with their physical symptoms and health.

By introducing techniques such as exposure therapy, cognitive behavioral therapy could also teach individuals coping strategies, reducing the symptoms' frequencies and intensities. Furthermore, studies have been performed to evaluate the effectiveness of online exposure-based cognitive behavioral therapy for somatic symptom disorder and illness anxiety disorder. In a randomized control trial, 132 patients with somatic symptom disorder(SSD) or illness anxiety disorder(IAD) are randomly assigned to guided or unguided cognitive behavioral groups, with all other variables being held constant. The study's findings are proof that exposure-based cognitive behavioral therapy can be delivered over the Internet in a therapist-guided or unguided approach with high efficacy in treating somatic symptom disorder and illness anxiety disorder [8].

In general, patients affected by somatic symptoms and related disorders have found great success with cognitive behavioral therapy. Its effectiveness has been analyzed in relation to somatoform disorders and medically unexplained physical symptoms. The findings of this research indicate that this therapy is beneficial in reducing the amount and intensity of physical symptoms as well as psychological distress [9].

To sum up, cognitive behavioral therapy is a useful and successful treatment for individuals affected by somatic symptoms and related disorders because it enables them to manage their symptoms and enhances their quality of life by helping them recognize the relationship between their thoughts and physical symptoms.

4.2 Mindfulness Therapy

Mindfulness therapy is a form of therapy that draws upon the principles of mindfulness meditation that originated in ancient Buddhism. Mindfulness therapy aims to help the affected individuals to be aware of and accept their present internal thoughts and feelings, and the external environment and situation, thus helping them to gain better control and management of their stress, anxiety, and other psychological difficulties. Existing analysis has proved the effectiveness of

mindfulness-based therapies as treatment methods for a number of psychological disorders, particularly in reducing distress and anxiety [10].

Mindfulness therapy is particularly beneficial for individuals with somatic symptoms and related disorders for several reasons: by emphasizing the awareness and acceptance of bodily sensations, mindful therapy can help individuals develop a greater understanding of their symptoms and ways in which psychological factors may contribute to them. It also helps individuals with somatic symptoms and related disorders to manage the distress and anxiety that is associated with their somatic symptoms. Moreover, by learning to respond to their symptoms with mindfulness practices, individuals with somatic symptoms and related disorders may be able to break the cycle of being preoccupied by their symptoms thus reducing the disorder's impact on their daily lives.

Studies have been conducted to examine the effectiveness of mindfulness-based stress reduction programs (MBSR) for patients with somatic symptom disorder in terms of psychological symptoms, quality of life, and symptom severity. The participants for this research are 37 patients diagnosed with somatic symptom disorder, 37.8% of whom are male, and their average age is 37.08 years. The participants were assigned into two groups randomly and equally: one group received venlafaxine in addition to an eight-week-long mindfulness-based stress reduction program, while the other group received venlafaxine alone. The findings demonstrated that implementing venlafaxine alongside mindfulness-based stress reduction programs can significantly reduce the severity of somatic symptom disorders, indicating the efficacy of this therapy as supplementation to medication for patients with somatic symptom disorders. Additionally, the study's findings also indicated the efficacy of MBSRs in reducing levels of stress, anxiety and depression as well as other psychological difficulties [11].

In summary, mindfulness therapy provides a comprehensive approach to managing and reducing distress and improving the quality of life for patients experiencing somatic symptoms and related disorders as a useful tool in helping these patients understand and cope with their symptoms.

4.3 Psychodynamic Therapy

Based on the ideas of psychoanalysis and developed from psychoanalytic therapy, psychodynamic therapy is a type of psychotherapy connected to the famous psychologist Sigmund Freud's research. To treat disorders, this form of therapy focuses on the unconscious processes and attempts to assist affected individuals in understanding their inner conflicts and unresolved issues.

During the therapy, the patient would talk freely about whatever they can think of, including their current difficulties, dreams, relationships, and any other subjects with the help of their therapist who will then try to find out and resolve the individual's unconscious conflicts. In this type of therapy, common techniques included dream

analysis, free association, and the examination of the patient-therapist transference relationship.

This form of psychotherapy has been proven to be successful as the treatment for a number of psychological disorders through research and analysis, such as depression in adults [12].

For individuals with somatic symptoms and related disorders, this therapy can be particularly helpful as it can help explore the underlying psychological factors that may be manifesting as physical symptoms. By uncovering and addressing these unconscious conflicts, individuals can gain a deeper understanding of the root causes of their symptoms and work towards resolving them with the help of their therapist.

Research has been conducted to test the effectiveness of short-term (an average of 13.34 sessions) psychodynamic therapies on functional somatic disorders, and the results proved that this therapy is indeed an effective treatment for this disorder, as it results in varying improvements [13].

Overall, psychodynamic therapy can provide individuals with somatic symptoms and related disorders with an opportunity to express their distress, emotions, anxiety, and thoughts with the help of their therapists, discover the underlying psychological factors associated with their symptoms, and work toward resolving it to relieve the distress caused by the disorder, improving their life quality.

4.4 Psychopharmacotherapy

Psychopharmacotherapy for SSRDs involves the use of a variety of medications to treat the mental health condition of patients. Moreover, all classes of psychotropics are used to treat SSRDs in clinical practice.

The efficacy of the five principal drugs—tricyclic antidepressants, serotonin reuptake inhibitors, serotonin and noradrenaline reuptake inhibitors, atypical antipsychotics, and herbal remedies—in treating somatic symptom disorders has been studied. The results proved each classification of the drugs to be effective in treating SSRDs. However, some drugs are more effective on particular SSRDs: serotonin reuptake inhibitors are more effective when dealing with hypochondriasis and body dysmorphic disorder, while serotonin and noradrenaline reuptake inhibitors are more effective when pain is the predominant symptom [14].

Other specific antidepressants have also been tested and researched on their effectiveness in treating somatic symptoms and related disorders. Imipramine, a tricyclic antidepressant, was tested on its effectiveness to treat functional somatic disorder. In this research, 138 patients with functional somatic disorders were randomly and evenly (68 received a placebo, and 70 received imipramine) assigned to receive either low-dose imipramine or a placebo over ten weeks in a single-center and double-blind trial. The results proved that imipramine treatment significantly improved the overall health of patients when compared to the placebo [15].

In sum, Psychopharmacotherapy is an effective treatment for patients affected by SSRDs. For the benefit

of the patient, nevertheless, it is crucial to remember that the medication selection should be based on each person's unique symptoms.

4.5 Other treatment strategies

Involving the use of electronic monitoring equipment, and visual or aural feedback, biofeedback therapy aims to provide patients with real-time insight into their automatic physiological reactions, which are a reflection of their mental distress. Biofeedback therapy is particularly beneficial for patients with somatic symptoms and associated diseases because it helps people manage their chronic pain and enhances their quality of life.

Research has been conducted to test the efficacy of heart rate variability biofeedback therapy on somatic symptom disorders. The participants in this research are either treated with heart rate variability biofeedback therapy or autogenic training. The results of this research prove biofeedback therapy to be a potential choice for the treatment of somatic symptom disorder [16].

Art therapy is another therapy that is a potential choice as the treatment of SSRDs. It involves using creative expressions such as drawing and painting as therapeutic tools to explore the individual's emotions, thus reducing stress and improving self-awareness, which could help alleviate the distress and excessive thoughts associated with the patient's symptoms.

Studies were conducted to test the effect of art therapy on patients, and they concluded that implementing art therapy is effective in reducing negative effects such as anxiety and depression, and even improves the individual's relationship quality, which could be negatively affected for patients with somatic symptoms and related disorders [17]. Such results proved art therapy as a potential treatment method for the disorder and an effective method for individuals to improve their life quality.

In conclusion, a variety of treatment methods and therapies have been proven effective at treating somatic symptoms and related disorders. The choice of therapy should be based on each patient's unique situation and condition for the highest effectiveness.

5 Conclusion

Somatic symptoms and related disorders encompass a variety of disorders that are characterized by the existence of medically unexplained physical symptoms, and excessive thoughts, feelings, or emotions that are associated with the symptoms. These disorders are harmful to affected individuals as it can significantly damage the individual's daily functioning and interpersonal relationships. These disorders are particularly controversial due to their ambiguous border between psychological and physical factors, and their past diagnostic standards.

From somatoform disorders in the past to current SSRDs, the changes made in DSM-V on the disorders' diagnosis and classification benefited patients, therapists,

and researchers. This paper compared the past and current diagnostic standards to demonstrate the advantages of the new DSM-V criteria. Furthermore, existing researches also proved the new standards' reliability and validity.

For SSRDs, there are several effective treatments that aim to relieve the affected individuals from their symptoms and to improve their life quality. This paper includes cognitive behavioral therapy, mindfulness therapy, psychopharmacotherapy, psychodynamic therapy, and other treatment methods including biofeedback and art therapy. Existing results have proved these treatment methods' efficiency and efficacy, and they should be utilized based on the individual's specific symptoms for the good of the patient.

Overall, this paper provided a general overview of somatic symptoms and related disorders, including their impact on individuals, past and current diagnoses, and treatments. This paper would be helpful for people who want to have a deeper understanding of somatic symptoms and related disorders, and for people who aim to understand why it is a controversial topic and to learn about the history of its diagnosis.

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