

Psychopathology of Dissociative Disorders in Oncology

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Introduction: Nosogenic (related to stress) dissociative disorders (NDD) induced by cancer are of high prevalence and may be associated with poor compliance. However till now NDD in oncology have been studied predominantly in the context of psychological (denial) or behavioral (procrastination in seeking medical help) paradigm.

Objectives: Clinical psychiatric assessment of oncological stress induced NDD and personality disorders as a basis for NDD manifestation and phenomenological differentiation.

Methods: 20 oncology patients with NDD given informed consent were selected according to binary model of dissociation – detachment-dissociation (DD) and compartment-dissociation (CD), assessed using psychiatric interview (10 patients per group).

Results: Key clinical features of NDD studied were as follows: DD – negation of the fact of cancer and/or its life threatening nature, non-compliance (complete/partial rejection of medical help); CD - negation (complete/partial) of emotional and/or cognitive components of stress reaction, good compliance. In all cases studied NDDs were presented as secondary psychopathological phenomena. DD is manifesting on the basis of overvalued ideas of full somatic well-being in schizophrenic nosogenic reactions in patients with schizotypal PD. CD is manifesting with binary structure (anti-hypochondria with "la belle indifference" behavior in front and illness anxiety behind) in neurotic nosogenic reactions in patients with hysterical PD features.

Conclusions: Nosogenic dissociative disorders in oncology patients are clinically and behaviorally (in terms of compliance) heterogenous, may influence cancer outcome (especially DD type - procrastination in seeking medical help) and deserve further clinical research to clarify their symptomatology and elaborate matching methods of therapy.