

Y. Ono · A. Janca · M. Asai · N. Sartorius (Eds.)

# Somatoform Disorders

## A Worldwide Perspective

**Keio University  
Symposia for  
Life Science and Medicine**

**Volume 3**



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Y. Ono, A. Janca

M. Asai, N. Sartorius (Eds.)

# Somatoform Disorders

## A Worldwide Perspective

With 38 Figures



Springer

Yutaka Ono, M.D.

Assistant Professor, Department of Neuropsychiatry, Keio University School of Medicine  
35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan

Aleksandar Janca, M.D.

Associate Professor, Department of Psychiatry and Behavioural Science  
Medical Research Foundation Building, Royal Perth Hospital  
50 Murray Street, Perth WA 6000, Australia

Masahiro Asai, M.D.

Professor and Chairman, Department of Neuropsychiatry  
Keio University School of Medicine  
35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan

Norman Sartorius, M.D.

Professor, Department of Psychiatry, University of Geneva  
1201 Geneva, Switzerland

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# Foreword

This volume contains the proceedings of the third symposium of the Keio University International Symposia for Life Sciences and Medicine under the sponsorship of the Keio University Medical Science Fund. As stated in the address by the President of Keio University at the opening of the symposium, the fund was established by the generous donation of Dr. Mitsunada Sakaguchi. The Keio University International Symposia for Life Sciences and Medicine constitute one of the core activities of the fund. The objective is to contribute to the international community by developing human resources, promoting scientific knowledge, and encouraging mutual exchange. Every year, the Committee of the International Symposia for Life Sciences and Medicine selects the most interesting topics for the symposium from applications received in response to a call for papers to the Keio medical community. The publication of these proceedings is intended to publicize and distribute information arising from the lively discussions of the most exciting and current issues during the symposium. We are grateful to Dr. Mitsunada Sakaguchi, who made the symposium possible, the members of the program committee, and the office staff whose support guaranteed the success of the symposium. Finally, we thank Springer-Verlag, Tokyo, for their assistance in publishing this work.

Akimichi Kaneko, M.D., Ph.D.

Chairman

Committee of the International Symposia for Life Sciences and Medicine

# Preface

This book brings together papers presented at the international conference entitled "Rethinking Somatoform Disorders," which was organized in collaboration with the World Health Organization (WHO), Division of Mental Health and Prevention of Substance Abuse, and the World Psychiatric Association (WPA), Section on Measurement Instruments in Psychiatric Care, in February 1998 in Tokyo. The conference took place in the New North Building (Kita-shinkan) at the Mita Campus of Keio University and was the third international meeting in the series of the Keio University International Symposia for Life Sciences and Medicine sponsored by the Keio University Medical Science Fund. The purpose of the meeting was to provide an international platform for the exchange of knowledge, experience, and research results in the field of somatoform disorders.

About 70 experts from a dozen countries working in the field of somatoform disorders, psychiatric nosology, epidemiology, and biological and cross-cultural psychiatry were invited to present their views on the current concepts of somatization, exchange their scientific results, and discuss future directions and strategies in clinical work and research on somatoform disorders. The participants in the conference also included representatives from a number of Asian countries as well as participants in WHO and WPA projects and activities.

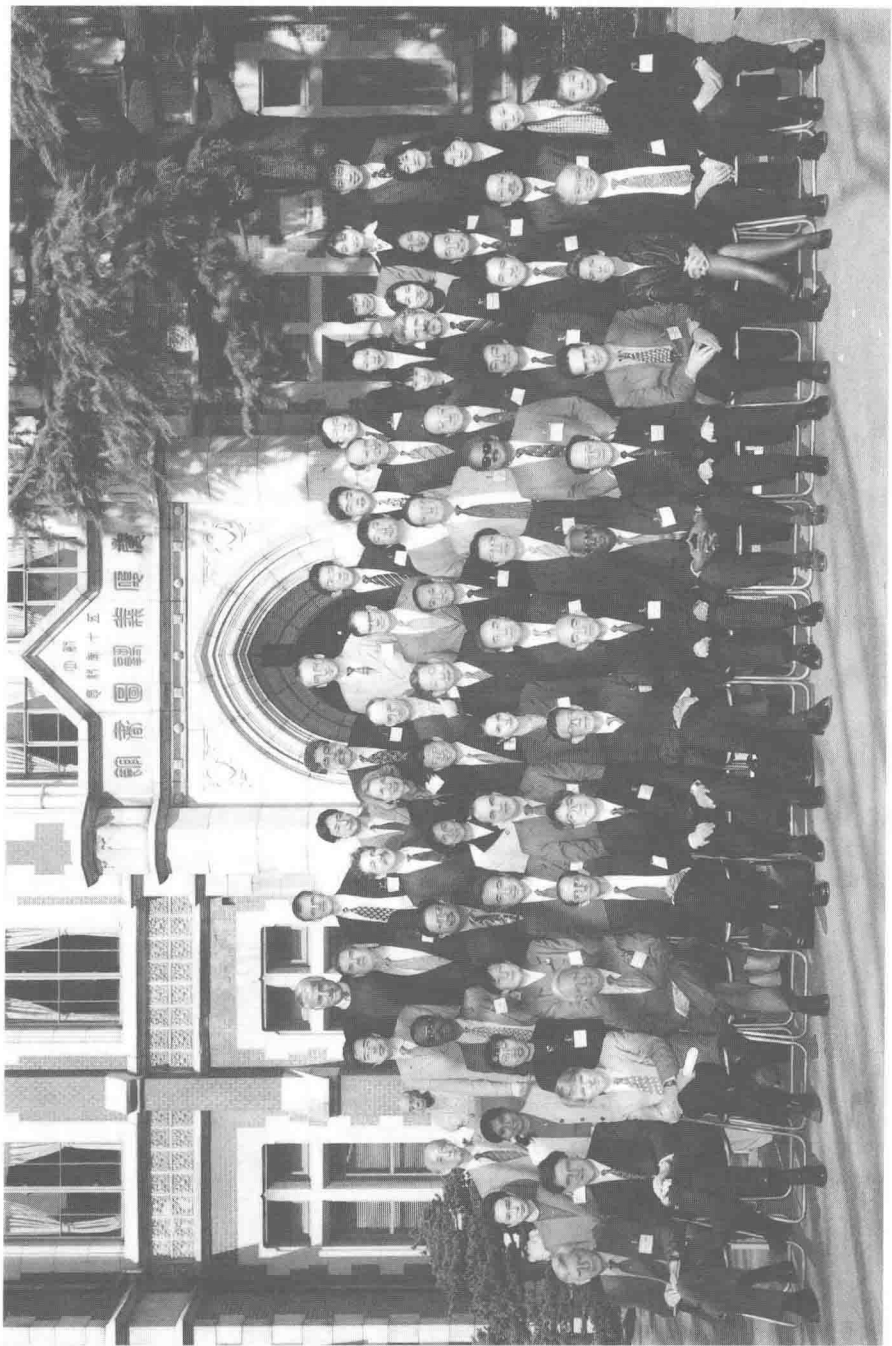
The first part of the book contains papers discussing the concepts of somatization including the mind-body dichotomy, diagnosis, classification and description of specific syndromes of somatoform disorders as well as their characteristics in children and in the elderly. The second part of the book brings together papers presenting methods and results of a number of research projects carried out in different parts of the world, including the WHO International Study of Somatoform Disorders. Part three of the book provides an overview of different approaches to the management and treatment of somatoform disorders, taking into account the economic burden they create in different cultures and settings. Summarizing the current views on medically unexplained somatic symptoms from a sociocultural perspective, the last part of the book presents an outlook on future directions in clinical and research work in the field of somatoform disorders.


The editors wish to thank all participants for their interesting presentations and stimulating discussions at the conference as well as for their contributions to the book. Our thanks and gratitude also go to all the members of the Organizing Committee;

to Fumiko Maeda and Mitsue Mitnai, who served as the Conference Assistants; and especially to Hiroshi Ohin, Junko Shimane, and Hajime Ebihara, the members of the Symposium Secretariat. Finally, we would like to express our immense appreciation for the help and support we received from the staff of Springer-Verlag, Tokyo. Without their assistance and hard work in collecting and editing the manuscripts, our task of assembling this book would have been impossible.

Yutaka Ono  
Aleksandar Janca  
Masahiro Asai  
Norman Sartorius  
EDITORS






 Keio University International Symposia for Life Sciences and Medicine  
 Rethinking Somaform Disorders  
 February 23-25, 1998

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# Opening Remarks\*

PROFESSOR YASUHIKO TORII  
PRESIDENT, KEIO UNIVERSITY  
CHAIRMAN, KEIO UNIVERSITY MEDICAL SCIENCE FUND

Dr. Sartorius, President of the World Psychiatric Association, Distinguished Guests,  
Ladies and Gentlemen:

On behalf of Keio University, I have the very great pleasure of welcoming all guests and participants to the Third Keio University International Symposium for Life Sciences and Medicine. I am particularly grateful to those clinicians and scientists who traveled such a long distance to participate in this symposium, and I deeply thank the World Psychiatric Association and the World Health Organization for their assistance.

The topic of our symposium this year is "Rethinking Somatoform Disorders." I am not a medical scientist but an economist; however, I think I can understand that we have now recognized that we should pay more attention to somatoform disorders for not only clinical but also economic reasons. There are many issues to be discussed from the economic as well as the medical viewpoint. Therefore, this seems an auspicious time to hold a symposium to discuss current dilemmas in the field of somatoform disorders.

I have a very personal reason to be interested in somatoform disorders. My personal memory goes back to more than 50 years ago, to the time of World War II. My mother was a medical doctor and she was running her own hospital after my father was drafted into the military service. She suffered from frequent somatoform disorders, such as rapid heartbeat, salivation, and other symptoms. There were neither psychiatric therapists around her nor tranquilizers, certainly not Prozac at that time, only some primitive sedative. I remember some compound of bromine was her cure.

When I was young, I myself experienced a few years of the same symptoms. A tranquilizer really rescued me. After I had suffered my disorder for 30 years, one of my daughters complained of a similar type of general malaise. Thus, I came to be very curious, with the experience of three generations of my family. Is my family's somato-

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\*This opening address was given by Professor Yasuhiko Torii, President of Keio University, at the opening session of the Keio University International Symposium for Life Sciences and Medicine, "Rethinking Somatoform Disorders: International Conference Organized in Collaboration with WPA and WHO," on the morning of Monday, February 23, 1998, in the conference hall of the New North Building on the Mita campus of Keio University.

form disorder a matter of learning? Did I learn my disorder from my mother? Or is my family's disorder a matter of genetic heredity? In any case, I am now very happy because my mother, my daughter, and I myself have overcome the disorder.

Thanks to all invited speakers for kindly accepting our invitation to this symposium. I'm sure that this unique meeting will be both exciting and successful.

Now let me briefly tell you what Keio University is and why we host such an international symposium for life sciences and medicine. Keio Gijuku, which is an educational corporation including Keio University, was founded in 1858 by Yukichi Fukuzawa. He was a pioneer of modern civilization in Japan. I assume some of you are already familiar with his personal appearance because his portrait is printed on the Japanese 10,000 yen note. In these 140 years after its establishment, we are proud that Keio, as the oldest university among 604 universities in this country, has played a major role in developing leading human resources in the academic, business, and political fields as well as in life science. The present prime minister, Ryutaro Hashimoto, is one of our alumni, for example. Among the eight faculties and nine graduate schools of Keio University, the School of Medicine is one of the most highly regarded in Japan and also, hopefully, throughout the world.

Fukuzawa, our founder, was a member of the very first mission of the Tokugawa Shogunate government to the United States in 1860 and to the European countries in 1862. Before that time, Japan's government had closed her doors to the outside world in self-isolationism for almost 300 years, until American Admiral Perry knocked on our door. During his visit to the United States and Europe as a member of the Japanese official mission, Fukuzawa realized that education was crucially important for the future of Japan. Thus, Keio has its origins in international exchanges. I hope all participants can understand that international exchanges such as this symposium have been among the most important academic and social missions of Keio University since its foundation.

In the fall of 1994, four years ago, Dr. Mitsunada Sakaguchi, an alumnus of the class of 1940 of our medical school, donated five billion yen to the university. It was his wish that the fund should be used to encourage research in life sciences and medicine at Keio University and to promote worldwide advancement in the sciences. I totally agreed with his proposal, and thus launched the Keio University Medical Science Fund in April of 1995. The International Symposium of Life Sciences and Medicine has thus been organized as one of the several projects supported by the fund. The objective of our symposium is to contribute to the international community by developing human resources, promoting scientific knowledge, and encouraging mutual exchanges of scholars. We also inaugurated the Keio Medical Science Prize. In 1996 we awarded the Keio Medical Science Prize to Dr. Prusiner of the University of California, San Francisco, and to Dr. Nakanishi of Kyoto University. And in 1997, last year, we awarded our prize to Dr. Weinberg of MIT and to Dr. Taniguchi of Tokyo University.

Now we are witnessing the dawn of the 21st century and the third millennium. We realize that our society faces many problems from this century that will be carried over into the next. In the field of life sciences and medicine alone, we are still unable to cure many kinds of cancer, AIDS, and neurological and psychiatric disorders. In addition, many new and unknown problems await us in the new century. I believe that exploring new horizons in life sciences is a vital task that we face at the dawn of the 21st century. It is equally important to ensure that the knowledge obtained

through these pursuits should be used in a way which brings genuine happiness to humankind.

It is therefore more than a pleasure, indeed it is an honor, for me to meet such distinguished medical researchers and clinicians from world-renowned institutions and to share in the exchanges of valuable views. I'm also grateful for the efforts of the organizing committee, chaired by Dr. Yutaka Ono, who devoted themselves to making this symposium a high-quality and enjoyable event. I do hope this symposium will be a fruitful and productive one for all of you.

Let me close by wishing you further success in your research and clinical work. Thank you very much.

# Keynote Address

NORMAN SARTORIUS

Dear Colleagues and Friends,

It is my pleasant duty to thank the Keio University, Prof. Torii, its President and the Keio University Medical Science Fund for making this meeting possible; and Prof. Asai, Dr. Ono, and their colleagues for organizing it. Allow me also to greet the presidents of psychiatric societies from several Asian countries who are attending this meeting. I am very pleased that they could join us and hope that the results of this meeting will be helpful for the work of their psychiatric associations.

By organizing this meeting Dr. Ono continues to be an ambassador of Japan in the field of science—a role that he has played so well as an investigator in the International Study of Personality Disorders and on many other occasions. In this way, he is joining the illustrious group of Japanese colleagues who have helped to build bridges between science and culture in Japan and those in other countries. Among them are Professors M. Asai, M. Kato, Y. Nakane, R. Takahashi, and others who have all helped people in other countries to better understand the many contributions that Japanese psychiatry, science, and culture have made and will make to the world in future. I hope that these bridges will continue to grow and that they will permit Japan and the rest of the world to learn and benefit from each other. I wish to thank all of them for building these important connections and for their excellent participation in them.

I am very pleased to have with us also Prof. Shinfuku, who has returned to his country after many years of work with the World Health Organization. The achievements of Dr. Shinfuku during his time with the WHO are many, and the support that he gave to the development of mental health programmes in the Western Pacific region and worldwide is highly respected and of lasting importance.

I see this meeting as a first in a series for two reasons: first, because the topic is complex and issues relevant to it are too many to be resolved in a single meeting; and second, because a group of psychiatrists, regardless of its excellence, is not sufficiently representative of those that deal with somatoform disorders, e.g., general practitioners, internists, psychologists, and anthropologists. This first meeting should explore whether psychiatrists have a common understanding of the issues involved and

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Department of Psychiatry, University of Geneva, 16-18, Bd. de St. Georges, 1205 Geneva, Switzerland

whether there is a clear consensus among them about the role of psychiatry in the management of somatoform disorders. It should also define what is known and what is not yet explored so as to build an agenda of future activities in the field of psychiatry. Once this is done, discussion and collaboration with representatives of other disciplines should become easier and more fruitful.

I look forward to my participation in this meeting because of the excellence of its participants and because of its subject. The discussion about somatoform disorders opens many important questions—some epistemological (e.g., that of brain/mind relationship), some nosological (e.g., whether somatoform disorders are an idiom of distress or an independent morbid entity), some professional (e.g., that of who is responsible for the treatment of these disorders—psychologists and internists, psychiatrists, or some other professionals), and some practical (e.g., what are the best ways of recognizing somatoform disorders in the presence of physical illness). The debate on somatoform disorders is also relevant to the question of the future of psychiatry: will psychiatry become a discipline that deals exclusively with schizophrenia and states of chronic deficit, or will it maintain and expand its engagement and competence to deal not only with these problems but also with issues in the wider fields of mental health science, e.g., somatoform disorders, “subthreshold” problems seen in liaison psychiatry, and psychosocial aspects of health?

This meeting, however, also has another important task before it: it should help us to answer the question whether somatoform disorders are a problem of public health importance. If the answer to this question is yes, further research will not be a sufficient course of action: we shall also have to marshal facts that will convince decision-makers that they should give the resolution of the problems posed by somatoform disorders the priority that issues of public health importance deserve.

In order to be considered as a problem of public health importance a disorder must be frequent; stable or growing in importance; severe in its consequences; and amenable to effective health service interventions acceptable to those concerned and the population.

Do we have the evidence that we need to assess whether somatoform disorders satisfy the criteria of public health importance? Concerning frequency, for example, studies that have been done in general health services show that somatoform disorders are a frequent reason for consulting a doctor. Unfortunately, these studies have not examined the situation in all countries nor in all settings: we do know whether there are differences between urban and rural populations in this respect and we do not know whether these problems are equally frequent in different sociodemographic and cultural groups. From several studies and anecdotal reports we know that these problems are not diminishing in importance nor in visibility: however, precise data on this topic, e.g., from studies in the same population over longer periods of time, are still lacking.

The evidence to reach a decision concerning the second criterion of public health importance—that of severity of the negative consequences for the welfare of the individual and the society—is also insufficient. Statistics concerning nonpermanent disability are notoriously unreliable and specific studies on this issue are rare. Studies that would help in assessing to what extent these disorders contribute to the disability resulting from the presence of other (comorbid) disorders present at the time are lacking.



The evidence about the efficacy of treatment for somatoform disorders is also insufficient. What we know comes from studies in a few countries only. What is happening in other countries? How effective is, for example, alternative medicine in the treatment of somatoform disorders? Is it perhaps better to rely on traditional medical practitioners for the treatment of such disorders? In Africa, people who have appendicitis most often seek help from surgical departments while those with neurotic conditions first visit traditional healers. Is there some wisdom in this or is it just customary to behave in this way? Have the populations learned where the best treatment for them is? There is some evidence that some forms of psychotherapy are helpful in the management of somatoform disorders: does the effectiveness of these treatments depend on who provides it? Are psychologists just as effective or more effective than psychiatrists using such psychotherapies?

The days before us should allow us to pool the knowledge that is available and to reach consensus about the public health importance of somatoform disorders. They should also help us to find some answers to the questions mentioned before, and provide us with practical guidance about the management of these disorders and the directions of future research.

These are tall orders: I am, however, convinced that the excellence of this group will make it possible to reach the objectives outlined above, and I thank you again for accepting to participate in this meeting and in the search for new knowledge and better ways of helping those affected by mental disorder in general, and somatoform disorders in particular.