Patients with severe and disabling pain and bodily distress which cannot be explained by underlying organic pathology are common in all levels of health care and are typically difficult to treat for physicians as well as for mental health specialists. Beside pain in different locations, not fully explained by specific somatic pathology, specific functional complaints such as dizziness, fatigue or vegetative disorders are common. A great proportion of patients with somatoform pain complain of comorbid depressive or anxiety disorder. Psychodynamic-interpersonal psychotherapy particularly emphasises interpersonal processes as well as disturbance of body awareness and self regulation already in childhood. Cognitive-behavioral models focus on the phenomenon of somatosensory amplification. The patients do have a strong believe in an underlying somatic illness, therefore seeking for further diagnostic and somatic therapy. This frequently leads to multiple but ineffective therapeutic attempts in the field of somaticmedicine resulting in frustration of the patients and a difficult doctor-patient-relationship. General therapeutic recommendations include an active therapeutic approach with paying tribute for the patients' suffering and giving support to cope with the pain. A specific psychodynamic approach furthermore focuses on improvement of affect differentiation and the interaction of somatoform pain and interpersonal
relationships.

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