avoid a distressing, uncomfortable, or repugnant activity while at the same time receiving support from others. For example, a soldier with a paralyzed arm could hardly be expected to fire a gun and is also likely to receive sympathy because of his paralysis. Unlike malingering and factitious disorder, discussed later in the chapter, the symptoms are not deliberately produced to obtain benefits.

Common characteristics associated with conversion disorder clients are:

1. Self-dramatization
2. Exhibitionism
3. Narcissism
4. Emotionalism
5. Seductiveness
6. Dependence
7. Manipulativeness
8. Childishness
9. Suggestibility

**DSM-IV-TR Diagnostic Criteria for Somatization Disorder**

A. A history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment in social, occupational, or other important areas of functioning.

B. Each of the following criteria must have been met, with individual symptoms occurring at any time during the course of the disturbance:

1. *four pain symptoms*: a history of pain related to at least four different sites or functions (e.g., head, abdomen, back, joints, extremities, chest, rectum, during menstruation, during sexual intercourse, or during urination)
2. *two gastrointestinal symptoms*: a history of at least two gastrointestinal symptoms other than pain (e.g., nausea, bloating, vomiting other than during pregnancy, diarrhea, or intolerance of several different foods)
3. *one sexual symptom*: a history of at least one sexual or reproductive symptom other than pain (e.g., sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy)
4. *one pseudoneurological symptom*: a history of at least one symptom or deficit suggesting a neurological condition not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphonia, urinary retention, hallucinations, loss of touch or pain sensation, double vision, blindness, deafness, seizures; dissociative symptoms such as amnesia; or loss of consciousness other than fainting)

C. Either (1) or (2):

1. after appropriate investigation, each of the symptoms in Criterion B cannot be fully explained by a known general medical condition or the direct effects of a substance (e.g., a drug of abuse, a medication).
2. when there is a related general medical condition, the physical complaints or resulting social or occupational impairment are in excess of what would be expected from the history, physical examination, or laboratory findings.

D. The symptoms are not intentionally produced or feigned (as in Factitious Disorder or Malingering).


**DSM-IV-TR Diagnostic Criteria for Conversion Disorder**

A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.

B. Psychological factors are judged to be associated with the symptom or deficit because the initiation or exacerbation of the symptoms or deficit is preceded by conflicts or other stressors.

C. The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).

D. The symptom or deficit cannot, after appropriate investigation, be fully explained by a general medical condition, or by the direct effects of a substance, or as a culturally sanctioned behavior or experience.

E. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.

F. The symptom or deficit is not limited to pain or sexual dysfunction, does not occur exclusively during the course of Somatization Disorder, and is not better accounted for by another mental disorder.


**USING DSM-IV-TR**

Health care providers often use language unfamiliar to clients and their families. Explain somatization in such a way that clients and family members can understand its meaning.

Health care providers often use language unfamiliar to clients and their families. Explain conversion disorder in such a way that clients and family members can readily understand the difference between it and an actual medical condition.