Another frequent symptom characteristic of clients with conversion disorder, although not necessarily present in all instances, is **la belle indifférence**, an inappropriate lack of concern about a disability. Tom, in the clinical example that follows, demonstrates la belle indifférence.

**CLINICAL EXAMPLE**

Tom is experiencing a conversion disorder that has led to his inability to walk. Although Tom stated, "I woke up this morning with no feeling in my legs; for some reason they won’t move," he seems totally unconcerned about his problem despite its severity.

The person is actually calmer as a result of the somatic symptom. This problem usually begins in adolescence or early adulthood, although a conversion disorder may appear at any time of life. Regardless of the time of onset, a conversion disorder can seriously impede normal life activities. Functional impairments may affect the individual’s ability to function at work, at home, or in social situations.

**Pain Disorder**

In **pain disorder**, clients experience pain for which there is no physiologic basis and often have accompanying psychological factors. The pain is usually severe enough to disrupt several functional areas. As a result of this dysfunction, the client often experiences unemployment, disability, and/or family problems. A person with pain disorder is often convinced that somewhere there is a health care provider who can “cure” the pain. Thus, the person may spend much time, money, and energy needlessly in pursuit of a “cure.” The pain becomes the central issue of one’s life; pain takes control of one’s ability to function. A list of diagnostic criteria for pain disorder is in the DSM-IV-TR Diagnostic Criteria feature below.

**Hypochondriasis**

Clients with **hypochondriasis** are preoccupied with the fear or belief that they have a serious disease, which, on physical evaluation, is not present. The preoccupation may be built around any of the following:

- Bodily functions (peristalsis, heartbeat)
- Minor physical problems (an occasional headache, a slight cough)
- Ambiguous, vague physical feelings (“tired ovaries” or “aching veins”)

The unrealistic fear or belief persists for a period of at least 6 months despite medical reassurance that no illness is present. This fear impairs the client’s social and/or occupational functioning.

**CLINICAL EXAMPLE**

Reading the newspaper and watching the news on television have become anxiety-provoking experiences for Lena. Lena has been worried about AIDS, avian flu, contaminated spinach and bean sprouts, and even head lice. She attributes any symptom she has—an itch, a runny nose, a loose bowel movement—to any one of a number of possible medical conditions. If her worries have not been relieved by her research on the Internet, Lena calls in sick to work and makes an appointment to see her primary physician or a nurse practitioner.

The diagnostic criteria for hypochondriasis are listed in the DSM-IV-TR Diagnostic Criteria feature on page 482.

**Body Dysmorphic Disorder**

Clients with **body dysmorphic disorder (BDD)** are preoccupied with some imagined defect in their physical appearance. The preoccupation is out of proportion to any actual abnormality.

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

- **A.** Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.
- **B.** The pain causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **C.** Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain.
- **D.** The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).
- **E.** The pain is not better accounted for by a Mood, Anxiety, or Psychotic Disorder and does not meet criteria for Dyspareunia.


**USING DSM-IV-TR**

Health care providers often use language unfamiliar to clients and their families. Explain how psychological factors can affect pain in such a way that clients and family members can understand the basis for pain disorder.