HYPOCHONDRIA, AND SOMATIZATION AND CONVERSION DISORDERS

AP Psychology -Period 7- Ms. Key

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CONVERSION DISORDER

Onversion disorder

A. One or more symptoms affecting voluntary motor/sensory skills suggesting a neurological or general medical condition.

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B. Psychological factors are associated with the symptoms because the initiation of the symptom is preceded by conflicts/stressors.

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C. The symptom or deficit is not intentionally feigned

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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.



SOMATIZATION DISORDER



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

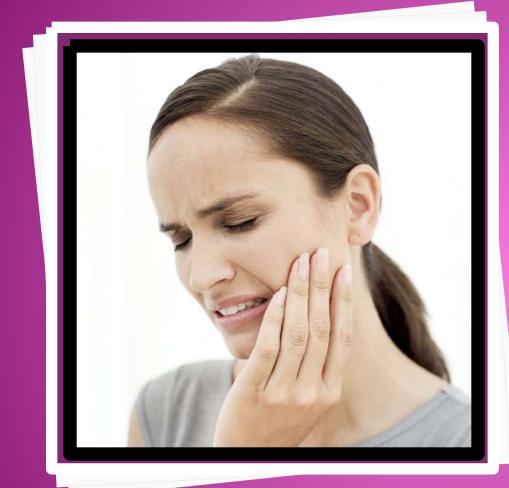
B. Each of the following criteria must have been met:

1) four pain symptoms: a history or pain related to at least four different sites of 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 or other than pregnancy, diarrhea, or intolerance of several different foods)

SOMATIZATION DISORDER CONT'D



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)

HYPOCHONDRIA



Hypochondria makes people preoccupied with their fears and worries about having a serious illness. They also believe that any symptom or sensation is a sign of a serious illness.

Symptoms/Characteristics

-The preoccupation persists even though they have been physically examined to rule out the possibility of an illness.

-Even though they receive reassurance from others that they do not have this illness they eventually regress and worry about the same symptoms or new symptoms

-Their concern about their symptoms does not come from other delusional disorders and is not a result of their concern about their appearance.

-The preoccupation causes increased distress or hinders social interaction, or other important areas of functioning

-The distress and worry lasts at least 6 months

-Causes people to examine their own body excessively

-Some people may recognize that their fear is unreasonable

HYPOCHONDRIA (CAUSES)



It is not entirely clear as to why people get hypochondria, the way people are concerned with their physical symptoms may make them more vulnerable to this condition. It occurs equally in men and women.

People who have been physically or sexually abused are more likely to have this disorder.

Additional Info

Hypochondria has multiple effects on general health such as:

- -anxiety attacks/ panic attacks
- -depression
- -fear of impending doom
- -loss of appetite
- -decreased libido
- -increased self-consciousness
- -decrease motivation in life