



# EAPM 2018

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TO PROMOTE MENTAL AND PHYSICAL HEALTH**  
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## **Somatization: A Construct in Need of Reexamination**

**Arthur J. Barsky, M.D.**

Considerable confusion surrounds the definition, history, and use of the term somatization. It has been used with different meanings and has referred to different phenomena. It has been conceptualized as resulting from emotional distress, as a help-seeking response to stress, a nonverbal interpersonal communication, a disorder of bodily perception, and as a psychiatric disorder. Given this confusion surrounding the term, a reexamination is in order.

One way of revising the term is to consider the pathognomonic or core feature to be the patients' *reaction to* their symptoms, rather than the absence of a medical *cause for* the symptoms. The sine qua non of the condition thus becomes extreme difficulty coping with, tolerating, overcoming, and compensating for somatic symptoms. This revision makes the etiology of the somatic symptom less important: It may be medically unexplained, but could also have a demonstrable medical basis. (In the latter case, the distress and difficulty coping is excessive and disproportionate to the severity and extent of the medical basis.) This de-emphasis of symptom etiology is entirely compatible with the changes made in DSM 5.

Somatization may also be thought of, not categorically as a diagnosis but rather as a dimension--a constellation of somatic cognitive, emotional, and behavioral symptoms that can serve to provide a patient profile of its extent and severity (e.g., mild, moderate, or severe). This profile can then guide the treatment.

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