Appendix 1. Diagnostic Criteria for Psychosomatic Research


**Health Anxiety** (A through B are required)

| A | A generic worry about illness, concern about pain and bodily preoccupations (tendency to amplify somatic sensations) of less than 6 months’ duration |
| B | Worries and fears readily respond to appropriate medical reassurance, even though new worries may ensue after some time |

**Thanatophobia** (A through C are required)

| A | Attacks with the sense of impending death and/or conviction of dying soon, even though there is no objective medical reason for such fear |
| B | Marked and persistent fear and avoidance of news which reminds of death (e.g. funerals, obituary notices); exposure to these stimulus almost invariably provokes an immediate anxiety response |
| C | The avoidance, anxious anticipation and distress interfere significantly with the person’s level of functioning |
**Disease Phobia** (A through C are required)

A  Persistent, unfounded fear of suffering from a specific disease (e.g. AIDS, cancer), with doubts remaining despite adequate examination and reassurance
B  Fears tend to manifest themselves in attacks rather than in constant, chronic worries as in hypochondriasis; panic attacks may be an associated feature
C  The object of fears does not change with time and duration of symptoms exceeds 6 months

**Illness Denial** (A through B are required)

A  Persistent denial of having a physical disorder and of need of treatment (e.g. lack of compliance, delayed seeking of medical attention for serious and persistent symptoms, counterphobic behavior), as a reaction to the symptoms, signs, diagnosis or medical treatment of a physical illness
B  The patient has been provided a lucid and accurate appraisal of the medical situation and management to be followed

**Persistent Somatization** (A through B are required)

A  Functional medical disorders (e.g. fibromyalgia, fatigue, esophageal motility disorders, nonulcer dyspepsia, irritable bowel syndrome, neurocirculatory asthenia, urethral syndromes), whose duration exceeds 6 months, causing distress, or repeated medical care, or resulting in impaired quality of life
B  Additional symptoms of autonomic arousal involving also other organ systems (e.g. palpitations, sweating, tremor, flushing) and exaggerated side effects from medical therapy are presented, indicating low sensation of pain thresholds and high suggestionability
**Conversion Symptoms** (A through C are required)

A  One or more symptoms or deficits affecting voluntary motor or sensory function, characterized by lack of anatomical of physiological plausibility, and/or absence of expected physical signs or laboratory findings, and/or inconsistent clinical characteristics; if symptoms of autonomic arousal (e.g. palpitations, sweating, tremor, flushing) or functional medical disorder are present (e.g. fibromyalgia, fatigue, esophageal motility disorders, nonulcer dyspepsia, irritable bowel syndrome, neurocirculatory asthenia, urethral syndromes), conversion symptoms should be prominent, causing distress, or repeated medical care, or resulting in impaired quality of life

B  At least 2 of the following features are present:

1. Ambivalence in symptom reporting (e.g. the patient appears relaxed or unconcerned as he/she describes distressing symptoms)
2. Histrionic personality features (colorful and dramatic expression, language and appearance, demanding dependency, high suggestibility, rapid mood changes)
3. Precipitation of symptoms by psychological stress, the association of which the patient is unaware
4. History of similar physical symptoms experienced by the patient, or observed in someone else, of wished on someone else

C  Appropriate medical evaluation uncovers no organic pathology to account for physical complaints

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**Functional Somatic Symptoms Secondary to a Psychiatric Disorder** (A through C are required)

A  Symptoms of autonomic arousal (e.g. palpitations, sweating, tremor, flushing) or functional medical disorder (e.g. irritable bowel syndrome, fibromyalgia, neurocirculatory asthenia), causing distress, or repeated medical care, or resulting in impaired quality of life

B  Appropriate medical evaluation uncovers no organic pathology to account for the physical complaints

C  A psychiatric disorder (which includes the involved somatic symptoms within its manifestations) preceded the onset of functional somatic symptoms (e.g. panic disorder and cardiac symptoms)
**Anniversary Reaction** (A through C are required)

A Symptoms of autonomic arousal (e.g. palpitations, sweating, tremor, flushing) or functional medical disorder (e.g. irritable bowel syndrome, fibromyalgia, neurocirculatory asthenia) or conversion symptoms causing distress, or repeated medical care, or resulting in impaired quality of life

B Appropriate medical evaluation uncovers no organic pathology to account for the physical complaints

C Symptoms began when the patient reached the age or on the occasion of the anniversary when a parent or very close family member developed a life-threatening illness and/or died; the patient is unaware of such association

**Demoralization** (A through C are required)

A A feeling state characterized by the patient’s consciousness of having failed to meet his or her own expectations (or those of others) or being unable to cope with some pressing problems; the patient experiences feelings of helplessness, or hopelessness, or giving up

B The feeling state should be prolonged and generalized (at least 1 month duration)

C The feeling closely antedated the manifestations of a medical disorder or exacerbated its symptoms

**Irritable Mood** (A through C are required)

A A feeling state characterized by irritable mood which may be experienced as brief episodes, in particular circumstances, or it may be prolonged and generalized; it requires an increased effort of control over temper by the individual or results in irascible verbal or behavioral outbursts

B The experience of irritability is always unpleasant for the individual and overt manifestation lacks the cathartic effect of justified outbursts of anger

C The feeling elicits stress-related physiologic responses that precipitate or exacerbate symptoms of a medical disorder
**Type A Behavior** (A through B are required)

**A** At least 5 of the following 9 characteristics should be present:
1. excessive degree of involvement in work and other activities subject to deadlines
2. steady and pervasive sense of time urgency
3. display of motor-expressive features (rapid and explosive speech, abrupt body movements, tensing of facial muscles, hand gestures) indicating sense of being under the pressure of time
4. hostility and cynicism
5. irritable mood
6. tendency to speed up physical activities
7. tendency to speed up mental activities
8. high intensity of desire for achievement and recognition
9. high competitiveness

**B** The behavior elicits stress-related physiologic responses that precipitate or exacerbate symptoms of a medical condition

**Alexithymia** (A is required)

**A** At least 3 of the following 6 characteristics should be present:
1. inability to use appropriate words to describe emotions
2. tendency to describe details instead of feelings (e.g. circumstances surrounding an event rather than the feelings)
3. lack of a rich fantasy life
4. thought content associated more with external events rather than fantasy or emotions
5. unawareness of the common somatic reactions that accompany the experiences of a variety of feelings
6. Occasional but violent and often inappropriate outbursts of affective behavior