Any textbook of pathology will tell us much of what we need to know about the pathophysiology and anatomy of disease and injury. In order to understand illness we need to look at books about behavior. This is because illness is not a state of anatomy, but a social role. An individual may host all sorts of diseases, but he does not always become a patient or assume that role. We also know that many appear ill without any detectable disease. At one time, feigned illness was labeled only malingering. Medicine then developed an impressive lexicon to describe those who affect illness. “Hysteria” was the diagnosis invented in the late 19th century. Now, we speak of what have come to be known as the “Somatizing Disorders.”

“Any attempt to differentiate ‘true functional illness’ from outright malingering is based upon the supposition that different pathological processes are involved. Actually, what appear are different styles of acting the sick role. When the part is played very well and consistently and in all scenes of the patient’s life, it is verified as an illness. When we have reason to believe that the mask is removed when convenient, we ‘diagnose’ malingering.’ ”

The term “functional” as used in medicine has two opposite meanings, like “cleave” or “sanction”. We say that a person is functional, meaning that he can perform normally, or we say that a symptom (or patient) is “functional”, meaning that he does not function normally. In the latter instance, what is intended by the term is that the symptom has a beneficial function in the patient’s life.

Somatization occurs in several ways, with differing outcomes. In the simplest, the patient interprets their own physiological response to excitement or boredom (anxiety or depression, emotional or sexual arousal, etc.) as indicative of something wrong. Somatization is here a matter of mistaken self-


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The psychiatrist is called when the patient does not seem to want to Learn the truth. What the psychiatrist then does is to redefine the patient’s symptoms, or complaints, into signs, or pathology. For instance, the diagnosis of “Somatization Disorder” is based upon a history of several years of changing complaints involving multiple organ systems, with a requirement of 14 symptoms for women and 12 for men. Here, the multiplicity of symptoms becomes the pathognomonic sign, based solely upon report by the patient. Through