

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK, COUNTY OF NEW YORK**

CANDICE LUE, an individual,

Plaintiff

V.

JPMORGAN CHASE & CO. a Delaware Corporation; ALEX KHAVIN, an individual; FIDELIA SHILLINGFORD, an individual; JOHN VEGA, an individual; HELEN DUBOWY, an individual; PHILIPPE QUIX, an individual; THOMAS POZ, an individual; CHRIS LIASIS, an individual; MICHELLE SULLIVAN, an individual; and DOES 1 - 10, inclusive,

Defendants

Civil Action No.: 16 CV 3207 (AJN) (GWG)

ADDENDUM TO:

Response to Judge Alison J. Nathan's Order of August 11, 2017 – Docket # 120
This Order by Judge Alison Nathan is not in Compliance with her own Individual Practices which states in BOLD at the top of her Individual Practices page that "Unless otherwise ordered by Judge Nathan, these Individual Practices apply to all civil matters EXCEPT FOR CIVIL PRO SE CASES (see Rules for Pro Se Cases)." I AM A PRO SE PLAINTIFF.

I. ARGUMENT

As I articulated in my Seventh Cause of Action of my Amended Complaint – "*Intentional and/or Negligent Infliction of Mental, Physical and Emotional Distress*" and in my "Memorandum of Law in Opposition to the 'Defendants' Motion for Summary Judgment - Docket # 91" (page 190) which states: "*Every time I have a flashback of working at JPMorgan Chase, there is a level of trauma that still comes over me. I get the sharp pain in my side and/or discomfort in my neck. When I am working on this lawsuit, I have to listen to Soundscapes on the Music Channel (Channel 1842 on Verizon Fios) to get me through because the refreshed memories of being condescendingly, unapologetically and unrepentantly treated as a second class citizen/three-fifths of a person/the help/house slave and being denied equal rights on the basis of my race to pursue the career I had worked so hard to pursue at JPMorgan Chase, are still very traumatic*" as well as in my "Response to Judge Alison J. Nathan's Order of August 11, 2017 - Docket # 120" which states:

“This Order by Judge Alison Nathan has caused me severe mental, emotional and physical stress as I think that it is not only grossly prejudicial to my lawsuit against Defendants JPMorgan Chase & Co., et al but it is [in]humanely and financially burdensome and most of all, not in Compliance with Judge Nathan’s own Individual Practices which states in BOLD at the top of her said Individual Practices page that “Unless otherwise ordered by Judge Nathan, these Individual Practices apply to all civil matters EXCEPT FOR CIVIL PRO SE CASES (see Rules for Pro Se Cases)” and I am a Pro Se Plaintiff”, below is additional information I have no choice but to present as to why Judge Alison J. Nathan’s said Order of August 11, 2017 is overly “inhumanely and financially burdensome” for me.

Inhumanely Burdensome

Pursuant to my Seventh Cause of Action of my Amended Complaint – *“Intentional and/or Negligent Infliction of Mental, Physical and Emotional Distress”*, after visits to different doctors and much personal research as to my ailments due to the undue stress I went through being condescendingly, unapologetically and unrepentantly treated as a second class citizen/three-fifths of a person/the help/house slave and being denied equal rights on the basis of my race to pursue the career I had worked so hard to pursue at JPMorgan Chase, I finally, by a twist of fate, found out on or around May 29, 2017 that I suffer from Somatisation/Somatoform and Psychosomatic Disorders (Exhibit ZZ attached).

As per the emails attached dated May 8 and May 9, 2017 respectively, I was so overwhelmed with anxiety in anticipation of the “favored” Defendants, JPMorgan Chase & Co., et al serving me with a Motion for Summary Judgment to dismiss my case that I had to be out of work for two days without pay due to weakness/numbness in my legs, tingling all over my body and pain in my abdomen due to my said Somatisation/Somatoform and Psychosomatic disorders.

As my medical record attached shows, the revived trauma that overtook me was so overwhelming (after reading all the LIES under **Penalty of Perjury** stated in the Defendants’

Motion for Summary Judgment, the Declarations in support of their said Summary Judgment and the said Defendants' Local Civil Rule 56.1 Statement of "Undisputed" Facts) that on June 27, 2017, I had to seek medical attention¹ for the afore-mentioned symptoms of Somatisation/Somatoform and Psychosomatic Disorders (see email dated June 26, 2017 attached) which resulted in me having to do another lower abdominal ultrasound (Seventh Cause of Action – Amended Complaint) on July 3, 2017.

Because I have a full-time job, I had to burn the midnight oil, pull all nighters and work throughout the weekends to complete my Opposition/Response to the Defendants' Motion for Summary Judgment and its supporting documents. With that said, my body has not fully recuperated from this and I think that that is why after reading Judge Alison J. Nathan's August 11, 2017 Order via PacerMonitor.com² first thing on the morning of August 12, 2017 (I will respectfully note that to date/time, I have not received a copy of Judge Alison J. Nathan's Order in the mail), my body went into total shock.

For all of this week I have to be wearing flats to work to help me to mask the pain and feeling of numbness/Bigormortis in my body that I have been experiencing since Saturday, August 12, 2017.

Financially Burdensome

First off, let me say that if it was not for Judge Alison J. Nathan's Order of August 11, 2017, I would not have disclosed the foregoing and the subsequent as I am a little embarrassed by it but I have no choice. I have never had a problem with heavy scholastic workloads or heavy work workloads which are sure to incur stress but being condescendingly, unapologetically and unrepentantly treated as a second class citizen/three-fifths of a person/the help/house slave and

¹ Even with my Somatisation/Somatoform and Psychosomatic Disorders discovery, as to be sure as I had always done, I thought it was best to seek medical attention.

² https://www.pacermonitor.com/public/case/11334510/Lue_v_JPMorgan_Chase_Co_et_al.

being denied equal rights on the basis of my race to pursue a career I had worked so hard to pursue, as articulated in “Inhumanely Burdensome”, it is obvious my body cannot handle the latter kind of stress.

With that said, I cannot help having flashbacks of slavery and thoughts of what my Black ancestors must have gone through when it was LEGAL for them to be treated as a third class citizen/three-fifths of a person. I guess that’s why I have no choice but to fight through my ailments.

I have attached the medical bills³ I incurred due to my Somatisation/Somatoform and Psychosomatic Disorders (Exhibit ZZ attached) condition. In conjunction, I had to take off two sick days, May 8 and May 9, 2017 (see emails attached) **without pay** for my said disorders caused from the trauma of being racially discriminated and retaliated against by Defendants, JPMorgan Chase & Co., et al, causing me loss of income. I also had to take two days off from work **without pay** to complete my said Opposition/Response to the Defendants’ Motion for Summary Judgment (see emails dated July 25 and July 28, 2017, respectively attached).

The notary stamps on the last page of ten of the documents I submitted to the Court by July 31, 2017, the said documents which Judge Alison J. Nathan has ordered “STRICKEN” from the Court’s docket because they are “*overly burdensome*” for the alleged perpetrators/tortfeasors to read and reply to, were not for free. I had to pay for each and every one of those notary stamps regardless of my loss of income due to the undue stress of having my civil and constitutional rights violated by the said alleged perpetrators/tortfeasors and to complete my Opposition/Response to the Defendants’ Motion for Summary Judgment.

As anyone of reasonable mind would imagine, I had to purchase a lot of ink and paper for my printer to print off my Opposition/Response to the Defendants’ Motion for Summary Judgment

³ I currently do not have health insurance so I have to be paying for these medical bills out of pocket.

which my said Opposition/Response has made it as CLEAR AS DAY that my civil and constitutional rights were violated by JPMorgan Chase & Co., et al.

Finally, to ensure that my filings are received in the Pro Se Intake Unit of the Southern District Court on time, even with my loss of income, I paid for priority postage.

II. CONCLUSION

As I said in my Response to Judge Alison J. Nathan's Order of August 11, 2017, "*I am drained, weary and tired*". However, pursuant to Local Civil Rules 56.2 and 12.1: "*if you have proof of your claim, now is the time to submit it*"⁴. With that said, through my ailments, I put forth all that effort "*to present all the material that is pertinent to [oppose] the [Defendants'] motion [for Summary Judgment]*" (Rule 12(c)) and to prove my Claims because I did not want my said ailments to prevent me from fighting against INJUSTICE.

In light of the foregoing, I once again respectfully ask that Judge Alison J. Nathan reconsider her August 11, 2017 Order as I am extremely confused and baffled as to what exactly I am to remove from my Opposition/Response to the Defendants' Motion for Summary Judgment as I was very cognizant to make ALL of what I presented be pertinent to my Opposition to the Defendants' Motion for Summary Judgment to dismiss my lawsuit WITH PREJUDICE.

Again, this Order by Judge Alison Nathan has caused me severe mental, emotional and physical stress as I think that it is not only grossly prejudicial to my lawsuit against Defendants JPMorgan Chase & Co., et al but, as articulated above, it is inhumanely and financially burdensome. It is also tantamount to me being denied my Fifth Amendment Right whereby if I am denied the opportunity to present all the material that is pertinent in opposing the NINE Defendants'

⁴ Unlike the Defendants' attorneys who have taken it upon themselves to represent NINE individual Defendants on the said case and are complaining that my Opposition/Response to the LIES of those said NINE individual Defendants is too burdensome for them to read and reply to, even with my above disclosed ailments, I never once complained that the Defendants' Summary Judgment and its overwhelming supporting documents were overly burdensome for me to oppose/respond to because I fully understand that just as how it was the Defendants' attorneys choice to represent all NINE individual Defendants, it was totally my choice to make those said NINE individuals, Defendants in this lawsuit.

Motion for Summary Judgment to dismiss my case with prejudice, I will pretty much be “incriminating”/prejudicing myself as the Claims I asserted in my Amended Complaint would be dismissed for lack of evidence – Bearing in mind that this said Order by Judge Nathan is not in Compliance with her own Individual Practices which states in BOLD at the top of her said Individual Practices page that *“Unless otherwise ordered by Judge Nathan, these Individual Practices apply to all civil matters EXCEPT FOR CIVIL PRO SE CASES (see Rules for Pro Se Cases)”* and I am a Pro Se Plaintiff.

DATED: August 16, 2017

CANDICE LUE

Candice S.M. Lue

Signature

[REDACTED]

Address

[REDACTED]

City, State, Zip Code

Subj: **Re: Candice - Not Feeling Well**
Date: 5/9/2017 2:00:29 P.M. Eastern Daylight Time
From: CandiceLue [REDACTED]
To: [REDACTED] [WORK SUPERVISOR]

Thank you [REDACTED]

Best regards,

Candice

In a message dated 5/9/2017 8:35:02 A.M. Eastern Daylight Time, [REDACTED] [WORK SUPERVISOR] writes:

Ok Candice,
I hope you feel better.

Regards,
[REDACTED]

From: CandiceLue [REDACTED] [mailto:CandiceLue [REDACTED]]
Sent: May 9, 2017 6:41 AM
To: [REDACTED] [REDACTED] [WORK SUPERVISOR]
Subject: Re: Candice - Not Feeling Well

Good Morning [REDACTED],

I need another day to continue to recuperate. I should be able to come into the office tomorrow.

Best regards,

Candice

[REDACTED]

In a message dated 5/8/2017 6:45:41 A.M. Eastern Daylight Time, CandiceLue writes:

Good Morning [REDACTED], [WORK SUPERVISOR]

I am not feeling well and will not be able to make it in today. Hopefully, I will be able to come in tomorrow.

Best regards,

Candice

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Candice Lue [REDACTED]

From: Candice Lue [REDACTED]
Sent: Monday, June 26, 2017 1:07 PM
To: [REDACTED] [WORK SUPERVISOR]
Subject: Tomorrow, Tuesday, June 27

Hi [REDACTED],

Just a heads up that I'll be out of the office tomorrow, June 27 morning due to a personal matter but should be in by late morning/early afternoon.

Best regards,
Candice

Candice Lue
Consultant
[REDACTED]
[REDACTED]
[REDACTED]

RECEIPT		No. 969888	
DATE	6/27/17		
FROM	Candice Lee		\$ 250
two hundred fifty			DOLLARS
office rent			
<input type="radio"/> FOR RENT			
<input type="radio"/> FOR			
ACCT.	<input checked="" type="radio"/> CASH	FROM <i>[Signature]</i> TO	
PAID	<input type="radio"/> CHECK	BY	
DUE	<input type="radio"/> MONEY ORDER	A-1152	
	<input type="radio"/> CREDIT CARD	T-4161	

[Redacted] M.D.
[Redacted]



NJIN RUTHERFORD
69 ORIENT WAY
RUTHERFORD, NJ 07070
Phone: 201-933-5666
Fax: 201-933-5662

Exam requested by:
MARIA K. [REDACTED] MD

Patient: LUE, CANDICE
Date of Birth: [REDACTED]
Phone: [REDACTED]
MRN: [REDACTED] Acc: [REDACTED]
Date of Exam: 07-03-2017

EXAM: COMPLETE PELVIC ULTRASOUND

HISTORY: Pelvic pain.

TECHNIQUE: Transabdominal scanning was performed.

COMPARISON: 7/13/2013

FINDINGS: [REDACTED]

IMPRESSION: No sonographic abnormality in the pelvis.

Thank you for the opportunity to participate in the care of this patient.

[REDACTED] MD - Electronically Signed: 07-03-2017 1:26 PM

Confidential

Convenient NJIN Locations

Cedar Knolls
(973) 695 - 1290

Clifton
(973) 778 - 9600

Cranford
(908) 709 - 1323

Edison
(732) 494 - 9061

Englewood Cliffs
(201) 541 - 5401

Hackensack
(201) 488 - 4808

Randolph
(973) 989 - 8400

Rutherford
(201) 933 - 5666

Union City
(201) 865 - 6100

Menlo Park
(732) 476-6515

Printed: 07-31-2017 7:04 AM

LUE, CANDICE (Exam: 07-03-2017 1:00 PM)

Page 1 of 1

July 03, 2017 1:57 PM

RECEIPT # RU-8579- [REDACTED]

LUE, CANDICE S

MRN # [REDACTED]

Insurance payments are an estimate only.

Please write this number on your check: [REDACTED]

Service Date	Description	Units	Charge	Total
07-03-2017	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	1	\$ 150.00	\$ 150.00
				\$ 150.00

Payment Method	Notes	Amount
Cash		\$ 150.00
Total Payments		\$ 150.00
Estimated Patient Balance		\$ 0.00

Expenses collected from you at the time of service are an estimated cost of your visit. If, after your insurance is billed, should your policy apply any additional amount to your out of pocket expense, you are personally responsible for that amount and will be billed for that balance then due.

Thank you for your business.

481 EDWARD H. ROSS DRIVE
ELMWOOD PARK, NJ 07407-3118

Payment Options

- Online at www.bioreference.com.
- Call to make a secure payment via our automated system at 800-229-5227, option 2.
- Mail in enclosed envelope, include invoice with credit card information, **make check or money order payable to BioReference Laboratories, Inc.**, indicate amount enclosed.

1 AB *A-01-HZ6-AM-03189-11



CANDICE LUE



TO UPDATE INSURANCE INFORMATION

- Online at www.bioreference.com.
- Mail in enclosed envelope, include invoice number and indicate updated insurance information.
- Fax form with new information to secure fax, 201-794-0418
- Call Customer Service, 800-229-5227, option 2.

PATIENT NUMBER	CLIENT ID#	CLIENT NAME	PATIENT NAME	STATEMENT DATE	DUE DATE
		DR. [REDACTED], M.D.	CANDICE LUE	06/29/2017	07/20/2017

DATE OF SERVICE	CPT	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	CODE
06/27/17	36415	ROUTINE VENIPUNCTURE	KEANCHONG	\$8.20			\$8.20	
06/27/17	80053	COMPREHEN METABOLIC PANEL	KEANCHONG	\$36.00			\$36.00	
06/27/17	80061	LIPID PANEL	KEANCHONG	\$51.80			\$51.80	
06/27/17	82306	VITAMIN D 25 HYDROXY	KEANCHONG	\$190.00			\$190.00	
06/27/17	83036	GLYCOSYLATED HEMOGLOBIN TEST	KEANCHONG	\$102.00			\$102.00	
06/27/17	84443	ASSAY THYROID STIM HORMONE	KEANCHONG	\$98.50			\$98.50	
06/27/17	85025	COMPLETE CBC W/AUTO DIFF WBC	KEANCHONG	\$30.00			\$30.00	
Prim; Patient					\$0.00	\$0.00		
TOTAL PAYMENTS/ADJUSTMENTS/AMOUNT DUE:					\$0.00	\$0.00	\$516.50	

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	AMOUNT DUE
\$516.50	\$0.00	\$0.00	\$0.00	\$0.00	\$516.50

MESSAGES

Thank you for allowing our laboratory to serve you. Payment is due upon receipt of this bill. Please send payment or copy of insurance card.

Please detach bottom portion of this invoice and return with your payment or complete reverse side to update your insurance information.

Candice Lue [REDACTED]

From: Candice Lue [REDACTED]
Sent: Tuesday, July 25, 2017 10:58 AM
To: [REDACTED] [WORK SUPERVISOR]
Subject: Candice - Thursday, July 27 and Friday, July 28

Good morning [REDACTED]

Just a heads up that I have to take the day off on Thursday, July 27 and will be out of office on Friday, July 28 morning due to a personal matter. I should be in by late morning/early afternoon on Friday.

Best regards,
Candice

Candice Lue
Consultant
[REDACTED]
[REDACTED]
[REDACTED]

Subj: **Re: Candice - July 28 Schedule Update**
Date: 7/28/2017 4:36:20 P.M. Eastern Daylight Time
From: CandiceLue [REDACTED]
To: [REDACTED] [WORK SUPERVISOR]

Thank you [REDACTED].

In a message dated 7/28/2017 8:49:59 A.M. Eastern Daylight Time, [REDACTED] [WORK SUPERVISOR] writes:

Ok.. enjoy your weekend.

From: CandiceLue [REDACTED] [mailto:CandiceLue [REDACTED]]
Sent: July 28, 2017 8:13 AM
To: [REDACTED] <[REDACTED]> [WORK SUPERVISOR]
Subject: Candice - July 28 Schedule Update

Good morning [REDACTED],

Quick update on what I communicated to you on Tuesday, July 25 morning in regards to my schedule for today, July 28. Just wanted to let you know that it turns out that I need to take the whole work day off and will not be able to come in by late morning/early afternoon as originally planned.

However, I'll be able to make it back into the office on Monday, July 31.

Have a good weekend.

Best regards,

Candice

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[REDACTED]

EXHIBIT ZZ

(Somatisation/Somatoform and Psychosomatic Disorders)



View this article online at: patient.info/health/somatisation/somatoform-disorders

Somatisation/Somatoform Disorders

When mental factors such as stress cause physical symptoms the condition is known as somatisation. **Somatoform disorders** are a severe form of **somatisation** where physical symptoms can cause great distress, often long-term. However, people with somatoform disorders are usually convinced that their symptoms have a physical cause.

Somatisation

What is somatisation?

When physical symptoms are caused by mental (psychological) or emotional factors it is called somatisation. For example, many people have occasional headaches caused by mental stress. But, stress and other mental health problems can cause many other physical symptoms such as:

- Chest pains *
- Tiredness
- Dizziness
- Back pain
- Feeling sick (nauseated) *

The term psychosomatic disorder means something similar to somatisation but includes other things. See separate leaflet called **Psychosomatic Disorders** for more details.

How can the mind cause physical symptoms?

The relationship between the mind and body is complex and not fully understood. When we somatise, somehow the mental or emotional problem is expressed partly, or mainly, as one or more physical symptoms. However, the symptoms are real and are not imagined. You feel the pain, have the diarrhoea, etc.

How common is somatisation?

It is common. Sometimes we can relate the physical symptoms to a recent stress or mental health problem. For example, you may realise that a bout of neck pain or headache is due to stress. Anxiety and depression are also common reasons to develop physical symptoms such as a 'thumping heart' (palpitations), aches and pains, etc. Often the physical symptoms go when emotional and mental factors ease. However, often we do not realise the physical symptom is due to a mental factor. We may think we have a physical disease and see a doctor about it.

Somatisation and functional symptoms

Some doctors prefer to use the term functional when no known physical cause can be found for a physical symptom. A functional symptom means a function of the body is faulty (for example, there may be pain or diarrhoea) but we don't know the cause. The cause may be due to mental factors (somatisation), physical factors not yet discovered, or a combination of both. Another term which is sometimes used for such symptoms is medically unexplained symptoms.

What are the somatoform disorders?

The somatoform disorders are the extreme end of the scale of somatisation. So, the physical symptoms persist long-term, or are severe but no physical disease can fully explain the symptoms. Somatoform disorders include:

- Somatisation disorder
- Hypochondriasis

- Conversion disorder
- Body dysmorphic disorder
- Pain disorder

They are classed as mental health disorders, as the cause of the symptoms is thought to be mental factors. However, they cannot be fully explained by depression, substance abuse, or other recognised mental health disorders. There has recently been a renaming of these mental health disorders and they have all been put under the main heading of 'somatic symptom disorder'. Doctors used to make the diagnosis based on strict patterns of symptoms. However, they now rely much more on how much the symptoms affect the person's life and well-being. It is also recognised that somatic symptom disorder can occur in people who have physical diseases such as arthritis or cancer.

Note: this leaflet has retained the old headings where necessary. They probably still have some use in understanding the different types of symptoms that occur.

People with somatoform disorders usually disagree that their symptoms are due to mental factors. They are convinced that the cause of their symptoms is a physical problem.

Somatisation disorder

People with this disorder have many physical symptoms from different parts of the body - for example:

- Headaches ✱
- Feeling sick (nauseated) ✱
- Tummy (abdominal) pain ✱
- Bowel problems
- Period problems
- Tiredness
- Sexual problems

The main symptoms may vary at different times. Affected people tend to be emotional about their symptoms. So they may describe their symptoms as 'terrible', 'unbearable', etc and symptoms can greatly affect day-to-day life. The disorder persists long-term although the symptoms may wax and wane in severity. ✱

The cause is not known. It may have something to do with an unconscious desire for help, attention or care. It runs in some families. The disorder usually first develops between the ages of 18 years and 30 years. More women than men are affected. ✱

It is difficult for a doctor to diagnose somatisation disorder. This is because it is difficult to be sure that there is no physical cause for the symptoms. So, people with this disorder tend to be referred to various specialists, and have many tests and investigations. However, no physical disease is found to account for the symptoms.

Hypochondriasis

This is a disorder where people fear that minor symptoms may be due to a serious disease. For example, that a minor headache may be caused by a brain tumour, or a mild rash is the start of skin cancer. Even normal bodily sensations such as 'tummy rumbling' may be thought of as a symptom of serious illness. People with this disorder have many such fears and spend a lot of time thinking about their symptoms.

This disorder is similar to somatisation disorder. The difference is that people with hypochondriasis may accept the symptoms are minor but believe or fear they are caused by some serious disease. Reassurance by a doctor does not usually help, as people with hypochondriasis fear that the doctor has just not found the serious disease.

Conversion disorder

Conversion disorder is a condition where a person has symptoms which suggest a serious disease of the brain or nerves (a neurological disease) - for example:

- Total loss of vision (severe sight impairment).
- Deafness.
- Weakness, paralysis or numbness of the arms or legs. ✱

The symptoms usually develop quickly in response to a stressful situation. You unconsciously convert your mental stress into a physical symptom.

Conversion disorder tends to occur between the ages of 18 years and 30 years. Symptoms often last no longer than a few weeks but persist long-term in some people. In many cases there is only ever one episode and no treatment is needed once symptoms have gone. Some people have repeated episodes of conversion disorder from time to time.

Body dysmorphic disorder

Body dysmorphic disorder is a condition where a person spends a lot of time worried and concerned about their appearance. A person with this disorder may focus on an apparent physical defect that other people cannot see. Or, they might have a mild physical defect but the concern about it is out of proportion to the defect.

For example, a person may think that he or she has a skin blemish or an odd-shaped nose. However, no one else can see the defect, or the blemish would be considered trivial by most people. The person becomes preoccupied with the imagined defect, or slight defect. For example, they may spend a lot of time looking in the mirror at the apparent defect. They may wear camouflaging make-up to hide the defect. The thought of the defect is very distressing for people with this condition.

Some people with body dysmorphic disorder consult a cosmetic surgeon to have the imagined or trivial defect corrected. See separate leaflet called [Body Dysmorphic Disorder](#) for more details.

Pain disorder



Pain disorder is a condition where a person has a persistent pain that cannot be attributed to a physical disorder.

Who gets somatoform disorders and what causes them?

Somatoform disorders can affect anyone of any age. The exact number of people affected is difficult to determine, as many cases are probably not diagnosed. Somatisation disorder is thought to be quite rare, perhaps affecting about 1 in 1,000 people. Hypochondriasis and body dysmorphic disorder are perhaps more common.

It is not clear why some people develop somatoform disorders. Genetic 'makeup' and environmental factors both probably play a part. Genetic makeup is the material inherited from your parents which controls various aspects of your body. This genetic makeup combined with factors such as how you were brought up, your parental and peer influences, etc, may all contribute.

Somatoform disorders are more common in people who abuse alcohol and drugs. However, drugs and alcohol may be factors in both cause and effect. For example, some people may turn to alcohol or other drugs to ease the distress of their somatic symptoms. On the other hand, excess alcohol or illicit drugs may make the symptoms worse.

What is the treatment for somatoform disorders?

Treatment is often difficult, as people with somatisation disorders commonly do not accept that their symptoms are due to mental (psychological) factors. They may become angry with their doctors who cannot find the cause for their symptoms. Another difficulty is that people with somatisation disorder, like everyone else, will develop physical diseases at some point. So, every new symptom is a challenge to a doctor to know how far to investigate.

Many people who are thought to have a somatoform disorder also have other mental health problems such as depression, anxiety or substance abuse. Treatment of these other mental health problems may improve the situation.

If the person can be convinced that mental factors may contribute to, or cause, the physical symptoms then they may accept a talking treatment. Talking treatments, such as [cognitive behavioural therapy](#), may help people to understand the reasons behind symptoms. Such treatments aim to change any false beliefs the person may have and help them identify and deal with emotional issues.

Medication does not have much of a role except if the disorder is associated with underlying anxiety or depression. Some specific conditions such as body dysmorphic disorder and pain disorder have been helped by medicines called selective serotonin reuptake inhibitors (SSRIs).

Further help & information

FND Action

Web: www.fndaction.org.uk/

FND Hope

Web: fndhope.org/

Further reading & references

- Landa A, Bossis AP, Boylan LS, et al; Beyond the unexplainable pain: relational world of patients with somatization syndromes. *J Nerv Ment Dis*. 2012 May;200(5):413-22. doi: 10.1097/NMD.0b013e3182532326.
- Kallivayalil RA, Punnoose VP; Understanding and managing somatoform disorders: Making sense of non-sense. *Indian J Psychiatry*. 2010 Jan;52(Suppl 1):S240-5. doi: 10.4103/0019-5545.69239.
- Holliday KL, Macfarlane GJ, Nicholl BI, et al; Genetic variation in neuroendocrine genes associates with somatic symptoms in the general population: results from the EPIFUND study. *J Psychosom Res*. 2010 May;68(5):469-74. doi: 10.1016/j.jpsychores.2010.01.024.
- Marianne Rosendal, Frede Olesen, and Per Fink; Management of medically unexplained symptoms. *BMJ* 2005;330:4-5; Editorial
- Barsky AJ, Orav EJ, Bates DW; Somatization increases medical utilization and costs independent of psychiatric and medical comorbidity. *Arch Gen Psychiatry*. 2005 Aug;62(8):903-10.

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Original Author:
Dr Tim Kenny

Current Version:
Dr Roger Henderson

Peer Reviewer:
Dr Laurence Knott

Document ID:
4665 (v41)

Last Checked:
11/01/2017

Next Review:
11/01/2020

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Psychosomatic Disorders

Psychosomatic means mind (psyche) and body (soma). A **psychosomatic disorder** is a disease which involves both mind and body. Some physical diseases are thought to be particularly prone to be made worse by mental factors such as stress and anxiety. Your current mental state can affect how bad a physical disease is at any given time.

Which diseases are psychosomatic?

To an extent, most diseases are psychosomatic - involving both mind and body.

- There is a mental aspect to every physical disease. How we react to disease and how we cope with disease vary greatly from person to person. For example, the rash of psoriasis may not bother some people very much. However, the rash covering the same parts of the body in someone else may make them feel depressed and more ill.
- There can be physical effects from mental illness. For example, with some mental illnesses you may not eat, or take care of yourself, very well which can cause physical problems.

However, the term psychosomatic disorder is mainly used to mean ... "a physical disease that is thought to be caused, or made worse, by mental factors".

Some physical diseases are thought to be particularly prone to be made worse by mental factors such as stress and anxiety. For example, these include psoriasis, eczema, stomach ulcers, high blood pressure and heart disease. It is thought that the actual physical part of the illness (the extent of a rash, the level of the blood pressure, etc) can be affected by mental factors. This is difficult to prove. However, many people with these and other physical diseases say that their current mental state can affect how bad their physical disease is at any given time.

* Some people also use the term psychosomatic disorder when mental factors cause physical symptoms but where there is no physical disease. For example, a chest pain may be caused by stress and no physical disease can be found. See separate leaflet called Somatisation/Somatoform Disorders for more details.

How can the mind affect physical diseases?

It is well known that the mind can cause physical symptoms. For example, when we are afraid or anxious we may develop:

- A fast heart rate.
- A 'thumping heart' (palpitations).
- Feeling sick (nauseated). *
- Shaking (tremor).
- Sweating.
- Dry mouth.
- Chest pain. *
- Headaches. *
- A knot in the stomach.
- Fast breathing.

These physical symptoms are due to increased activity of nervous impulses sent from the brain to various parts of the body and to the release of adrenaline (epinephrine) into the bloodstream when we are anxious.

However, the exact way that the mind can cause certain other symptoms is not clear. Also, how the mind can affect actual physical diseases (rashes, blood pressure, etc) is not clear. It may have something to do with nervous impulses going to the body, which we do not fully understand. There is also some evidence that the brain may be able to affect certain cells of the immune system, which is involved in various physical diseases.

What are the treatments for psychosomatic disorders?

Each disease has its own treatment options. For physical diseases, physical treatments such as medication or operations are usually the most important. However, healthcare workers will usually try to treat a person as a whole and take into account mental and social factors which may be contributing to a disease. Therefore, treatments to ease stress, anxiety, depression, etc, may help if they are thought to be contributing to your physical disease.

Further reading & references

- Somatic Symptom Disorder; American Psychiatric Association, 2013
- Kallivayalil RA, Punnoose VP; Understanding and managing somatoform disorders: Making sense of non-sense. Indian J Psychiatry. 2010 Jan;52(Suppl 1):S240-5. doi: 10.4103/0019-5545.69239.

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Current Version:
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Peer Reviewer:
Dr Laurence Knott

Document ID:
4664 (v41)

Last Checked:
30/12/2016

Next Review:
30/12/2019

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Plaintiff
Candice Lue



Note: I have not received a copy of Judge Nathan's Order of August 11, 2017 to date/time.

*CL
8/16/2017*

Docket last updated: 33 minutes ago

Tuesday, August 15, 2017

123 **service** **Certificate of Service Other** **Tue 5:45 PM**
CERTIFICATE OF SERVICE of Letter Motion (ECF No. 119) served on Candice Lue on August 7, 2017. Service was made by MAIL. Document filed by Helen Dubowy, JPMorgan Chase & Co., Alex Khavin, Chris Liasis, Thomas Poz, Philippe Quix, Fidelia Shillingford, Michelle Sullivan, John Vega. (Kaplan, Anshel)

122 **service** **Certificate of Service Other** **Tue 5:43 PM**
CERTIFICATE OF SERVICE of Letter Motion (ECF No. 113) served on Candice Lue on August 1, 2017. Service was made by MAIL. Document filed by Helen Dubowy, JPMorgan Chase & Co., Alex Khavin, Chris Liasis, Thomas Poz, Philippe Quix, Fidelia Shillingford, Michelle Sullivan, John Vega. (Kaplan, Anshel)

121 **respoth** **Response (non-motion)** **Tue 2:07 PM**
RESPONSE TO JUDGE ALISON J. NATHAN'S ORDER OF 8/11/17 - DOCKET #120. THIS ORDER BY JUDGE ALISON NATHAN IS NOT IN COMPLIANCE WITH HER OWN INDIVIDUAL PRACTICES WHICH STATES IN BOLD AT THE TOP OF HER INDIVIDUAL PRACTICES PAGE THAT "UNLESS OTHERWISE ORDERED BY JUDGE NATHAN, THESE INDIVIDUAL PRACTICES APPLY TO ALL CIVIL MATTERS EXCEPT FOR PRO SE CASES(SEE RULES FOR PRO SE CASES)." I AM A PRO SE PLAINTIFF. re:120 Order on Motion for Conference, Order on Motion for Extension of Time to File Response/Reply. Document filed by Candice Lue. (sc)

Friday, August 11, 2017

* 120 **order** **Order on Motion for Conference Order on Motion for Extension of Time to File Response/Reply** **Fri 1:42 PM**
ORDER granting 113 Letter Motion for Conference; granting 119 Letter Motion for Extension of Time to File Response/Reply. The Court hereby strikes Plaintiff's submissions in opposition to summary judgment at Dkt. Nos. 106-112, 114-118 as overly burdensome. Plaintiff shall revise and resubmit her papers in opposition to Defendants' motion for summary judgment by August 25, 2017. Plaintiff's revised submissions shall comport with the Court's Individual Practices in Civil Cases Rule 3.B. and 3.G. Defendants' reply deadline is extended sua sponte until September 8, 2017. This resolves Dkt. Nos. 113, 119. (Signed by Judge Alison J. Nathan on 8/11/2017) (mml)
Related: [-] spones due by 8/25/2017, Replies due by 9/8/2017.

misc **Note Regarding Stricken Document** **Fri 1:57 PM**
***STRICKEN DOCUMENT. Deleted document number [106-112, 114-118] from the case record. The document was stricken from this case pursuant to 120 Order on Motion for Conference, Order on Motion for Extension of Time to File Response/Reply. (mml)

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