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Conversion Disorder

Psychological theories of conversion disorder were increasingly found in neurological thinking in the mid to late 19th century but it was not until the models of Freud[8] and Janet[9] that they prevailed.[5] Pierre Janet proposed that 'dissociation' could explain the symptoms as a defect in the psychological constitution. He suggested that dissociation could lead to problems maintaining the normal conscious synthesis of experiences: "a special moral weakness, consisting in the lack of power, on the part of the feeble subject, to gather, to condense his psychological phenomena, and assimilate them to his personality".[9] He proposed that under a variety of conditions, including trauma, a rogue 'idea', such as that of a weak limb, could become fixed, and separated from the consciousness that was too weak to exert control over it.

Freud proposed a different mechanism in which unwelcome experiences are 'repressed' into the unconscious, but in doing so become 'converted' into physical symptoms: "she repressed her erotic idea and transformed the amount of its affect into physical sensations of pain".[8] Freud argued that although the repression was deliberate, in order to escape from distress (which he called 'primary gain'), the conversion was not: "The splitting of the consciousness …is accordingly a deliberate and intentional one …the actual outcome is something different from what the subject intended".[8] 'Secondary gains' could also accrue as the resulting physical symptoms enabled escape from conflicts or other unwanted outcomes—for example, paralysis stopping a partner leaving or resulting in more attention from a significant other. Freud later revised his view to argue that these traumas were only so debilitating because they awakened memories of childhood sexual abuse, and then dropped the latter idea in favour of his theory of infantile sexuality. Although he subsequently revised this view again, those early ideas of repression, conversion and sexual abuse came to dominate post-Freudian psychiatric models of hysteria.[5 10]