

Conversion Disorder From Psychoanalytic View

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- **Conversion disorder**, also called functional neurological symptom disorder, is defined as a psychiatric illness in which symptoms and signs affecting voluntary motor or sensory function **cannot be explained** by a neurological or general medical condition.
- The term conversion was first used by Freud and Breuer to refer to **the substitution of a somatic symptom for a repressed idea.**



- Conversion disorder is attributed to conflicts or recent stressors. This **channeling**, or **conversion**, of emotional arousal to physical symptoms is termed the **primary gain**: Psychological **anxiety** is converted into somatic symptomatology, which **lessens the anxiety** and gives rise **la belle indifference**, where a patient seems surprisingly unconcerned about their physical symptoms.
- **Secondary gain** refers to the external benefits that may be derived as a result of having symptoms: the subsequent benefit that a patient may derive from being in the sick role.



- As an interpersonal manipulation, Conversion disorders may be used as an **acceptable means of enacting the sick role**. The individual can thus avoid certain responsibilities or noxious situations and frequently control or manipulate the behavior of others.
- For example, the patient whose sudden onset of paresis (primary gain) causes his or her spouse to stay in an otherwise failing relationship (secondary gain).



- Conversion's symptoms manifest as a result of unconscious conflict between a forbidden wish of the patient and his or her conscience.
- The conversion symptoms **symbolically represent a partial wish fulfillment without the individual's full awareness of the unacceptable desire** (e.g., vaginismus with sexual desire, syncope with arousal, paralysis with anger).



- Psychoanalytic explanations of conversion disorder emphasise unconscious drives, including sexuality, aggression or dependency, and the **internalised prohibition against their expression**.
- Physical symptoms allow for the expression of the forbidden wish or urge but also disguise it.
- Other psychoanalytic explanations focus on the need to suffer or identification with a lost object.
- An analytic therapist would attempt to treat a conversion disorder by helping the patient move to more mature defence mechanisms.



- The symptom provides a **solution to an unconscious conflict**. The conflict is most usually purported to be between instinctual drives, such as anger or sexuality, and prohibition by the superego of expression of these instincts. The symptom is believed to be **symbolic** of the conflict.
- The meaning of the conversion symptom has been emphasized by Engel, who has interpreted symptoms as often representing identification with a lost object. Although this mechanism may occur and has been described in case reports, it is often **difficult to determine the presence** if any of symbolism.



- Conversion may be a means to express forbidden feelings or ideas, as a kind of communication via pantomime or mimicry when direct verbal communication is blocked.
- Hollender suggested that some of the culture-bound syndromes such as "running amok" represent means of expressing anger and rage when it is not culturally permissible to do so verbally.
- It has been suggested that one reason why conversion symptoms are **more common in women** is because of the belief that **direct expression of intense emotions is "not acting like a lady."**



(Freud, 1894).

- Classic psychoneuroses (where the symptoms are symbolic and result from internal conflict, often based on early trauma, sometimes of a sexual kind, and where patients cannot take satisfactions available to them: hysterical conversions, in which psychic stimulation resulting from internal conflict is repressed and, after being thus kept out of the mind, is instead expressed in a physical way).



- *la belle indifférence* is evidence that an intrapsychic conflict has been converted and kept from its unacceptable conscious expression by the production of a physical symptom—so-called primary gain.



- A conversion symptom emerges when a latent conflict is activated by a specific event unconsciously perceived as related to the conflict.
- As precisely as possible, one must define the moment of origin of the symptom and inquire about the general circumstances of the patient's experience during that immediate period, pressing the patient for details on what had happened and what thoughts or fantasies occurred on that particular day or the days immediately anteceding it.



- Oliner (2010), focuses specifically on the discharge of libido, and proposes that the inability to stem the outflow of libido results in the individual risking being gripped by the death instinct.
- She further suggests that this economically based preservation of libido is not inherent, but requires that the individual has reached the psychic organization level of "desomatization," which is the state where the individual moves from an undifferentiated stage to one that is more organized and in which somatic components achieve psychic representation.



- The attainment of such a developmental organization allows for the preservation of libido and the chance that **emotional rather than somatic responses can be expressed** because an organization of this kind is capable of containing the outflow of libidinal energy.
- If this level of organization has not been achieved, distress leads to **bodily experience**.
- In fact, Marty hypothesized that it is this **libidinal collapse** that stops patients who stay sick from attempting to get better (Oliner, 2010).



- Freud had understood that psychoneurotic functioning develops from memory traces resulting from **satisfying engagements with the primary objects**.
- He described how during such experiences of pleasure, **endosomatic excitation** resulting from internal and external perceptions of the relationship with the object is transformed into the **drive** and then again into **psychic representation**, and serves a structuring function. Aisemberg (2010) summarizes this idea by stating that **this form of psychic functioning is the arena of Eros**.



- In contrast, beyond neurotic functioning there may be some somatic excitation that has failed to be transformed into drive, and which thus has no psychic inscription yet, and that shortcircuits to the soma.
- This is termed “**non-neurotic**” functioning by the Paris School’s theorists, who see it as being derived from the sensorial traces left by the experience of displeasure or pain that has not been transformed into drive and therefore **remains unbound** and **on the border of the psyche and the soma**.



- He understood these experiences to be a consequence of physical sensations that have not been able to gain access to the mind and **contrasted** them to the physical symptoms of hysterical conversions, in which psychic stimulation resulting from internal conflict is repressed and, after being thus kept out of the mind, is instead expressed in a physical way (Freud, 1894).
- Thus for Freud, the actual neuroses are **beyond what could be treated successfully by psychoanalysis**, since making interpretations about their form or attempting to find a meaning behind them **would not lead to a fruitful outcome**



- The development of the ability to mentalize may be likened to the **early acquisition of the ego and the early instincts**, as formulated by Freud. Once this development takes place, the mind can become one that has the ability to perform such symbolic tasks as speaking, thinking, and remembering, and is thus able to express itself without needing to rely on the body to do so in its stead.