

Hysteria, possession states and pseudoseizures

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Abstract

Hysteria has been described from biblical times. It has changed its name many times over the years. Possession states and pseudoseizures are subtypes of hysteria. With the two major diagnostic classifications, the DSM 5 and the ICD 10 separating hysteria into different subcategories with dissimilar names, the confusion for clinicians has compounded. Fortunately, the upcoming ICD 11 has taken a sensible approach describing all

types of hysteria under one term; dissociative disorder. This term describes its underlying psychodynamic aetiology and will most likely be widely accepted.

The editorial discusses some of the historical roots of the term hysteria and its different names, definitions and clinical features, and their classification with guidelines for management.

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Hysteria

In 1885, Sigmund Freud took a career break to visit Paris and attend the clinical presentations of the great neurologist Jean-Martin Charcot. He watched as Charcot hypnotised patients and suggested symptoms which the patients faithfully emulated. Afterwards, Charcot removed the symptoms using suggestion. These patients had earlier spontaneously shown these symptoms when not under hypnosis. The prevailing view was that such persons were possessed by the Devil. Charcot believed these patients suffered from a neurological disorder that made them vulnerable to suggestion. Freud developed a different theory even as he changed his career path from being a neurologist to a psychiatrist (1).

Anna O was a patient of Josef Breuer, a Viennese physician and a mentor of Freud. Her symptoms included dual personalities and episodes of amnesia, paralysis, aphonia, deafness, diplopia, visual hallucinations of snakes, memory disturbances, and loss of ability to speak her native language. Breuer diagnosed her as having hysteria and treated her with hypnosis and systematic remembering, which later Freud developed into his technique of free association. Freud never met Anna O but wrote *Studies in Hysteria* with Josef Breuer, where he referred to Anna O(2). He wrote, 'Our hysterical patients suffer from reminiscences. Their symptoms are the remnants and the memory symbols of certain (traumatic) experiences' (2). Freud initially thought these traumatic experiences were actual incidents of sexual abuse but later changed his opinion due to a lack of evidence. He used the term 'conversion' regarding one case in the book. Freud thought that persons with hysteria converted a psychological conflict or trauma

into a physical symptom. The name conversion disorder used in subsequent classifications of mental illness was characterised by neurological deficits not fully explained by a known medical pathology. According to Freud, the anxiety caused by the psychological conflict is resolved by its conversion to a physical deficit, which is the primary gain. Social reinforcement and handicapping often maintain the problem and are the secondary gains. Because of the conversion of anxiety, the patient appears indifferent to the problem. Sigmund Freud used the French term "*la belle indifference*" to describe such a patient in his book on hysteria (2).

The term hysteria has undergone several name changes over the years. Dissociation, conversion and somatization are some of these names (3). The French philosopher and psychiatrist Pierre Janet introduced the concept of dissociation in relation to multiple personality disorder (4). He also showed that he could cure hysteria by creating a healthy second personality (5).

The ICD 10 uses the term dissociative disorder as synonymous with conversion disorder (6). According to the ICD 10, "The common theme shared by dissociative (or conversion) disorder is a partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements" (6). The ICD 10 states that there is often evidence for psychological causation, as a clear association in time with stressful events, problems or disturbed relationships, but emphasises that concepts derived from any one particular theory are not a criterion for diagnosis. However, the retention of the term conversion disorder even in parentheses implies the psychodynamic concepts of Freud. The American