THE CONVERSION NEUROSI S.*

BY

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HUMANITY is divided into two parts: Those who are controlled, unemotional, and pass through the difficult times of their lives without very much obvious evidence of the disturbance that they, doubtless, must feel. Such people tend to develop neurasthenia. The other part is composed of those who readily display their feelings, who are liable to emotional attacks, and who respond obviously to anything which disturbs their minds. Such people are called hysterical and they tend to develop the conversion neurosis. A broad distinction like this must naturally contain many exceptions, but it is a useful division from the point of view of the practical treatment of the patient.

The first of these, generally speaking, composed of the more intelligent and better educated classes. It was in this manner that the strain of the fighting during the war usually showed itself in the officer class. The second part includes the less well-educated or well-trained section of the community, and was the manner in which the strain of the fighting was shown among the rank and file. This division again is quite a loose one, but is useful in practice.

It has been already pointed out that the development of mankind from the mental as well as from the physical point of view has followed that of the other animals, that we are born with certain instincts, and that the three most important are: (1) the instinct of self-preservation, (2) the instinct of reproduction, and (3) the instinct of protecting our own property, which we may call the instinct of protection. It was recognised that these instincts were aroused by: (1) the presence in the environment of something dangerous to ourselves, (2) the presence of a suitable mate, and (3) the presence of something dangerous to our property.

These instinctive processes are associated with certain emotional states, changes which occur in the physical state of the human body whenever the instincts are aroused. These emotional states are a preparation in the human body for the physical response to that which stimulated the instinct. We observe these physical changes in ourselves, and the change that is associated (1) with the instinct of self-preservation we call panic or fear, (2) with the reproductive instinct we call sex, and (3) with the protective instinct we call rage or anger.

The infant is born with these three instinctive processes which, if they are allowed full freedom of expression, would make it impossible for him to live with his fellow men when his physical strength comes to be developed. He would be unable to fit into the civilisation, which has very slowly developed through long ages of communal life, or into the particular class of life into which he is born, so that control of these instincts is forced upon him throughout his whole life almost from the moment of his birth until he ceases to exist. He is taught control in the nursery by finding the attitude of those around him to be opposed to the direct manifestation of his instincts and this controlling influence confronts him at every stage throughout his whole life. It is suggested that this controlling force corresponds with what is called" public opinion," and that this is the means by which society maintains its existence.

It is clear that this repression which is learnt so laboriously is not complete, that it is no more than a control of the instincts, and that they are only held in check by the social ideal. Thus a brave man under a stimulus sufficiently sudden, unexpected, or violent will run with the coward in blind panic, or a civilised man under sufficient provocation will "see red" and destroy an opponent in rage. This demonstrates that our civilisation is an artificial state, that it exists because of the control exerted over the manifestation of the instinctive processes by the social ideal, and, most important of all, that there must be a constant conflict occurring in the mind between the primitive impulse on the one hand and the civilisation which holds it in check on the other. This conflict is universal and constant, and only those of us who are strong enough physically or who can avoid the more profound mental shocks can remain healthy-minded.

Those, however, who are exposed to a very violent or to a prolonged stimulus to one or other of their primitive instincts, or who suffer from some disturbing illness, or who are exposed to both conditions simultaneously, develop symptoms which we have come to recognise as the result of this mental strain.

It is the purpose of this lecture to consider the second class of patient, those who respond to the strain just mentioned by the development of a physical symptom without any appropriate physiological or pathological change to accompany it, a disturbance of function, a conversion neurosis.

THE CONVERSION NEUROSI S IN TIME OF WAR.

The conversion neurosis is so called from the fact that the psychological disturbance is converted into a bodily symptom which is usually a disturbance of function in some part of the body. It must be remembered that the conscious mind may be perfectly willing to keep up the fight against the primitive impulse, as is shown, for example, in the case of the soldier in the trenches. He is going through a conflict between his civilised wish to be brave and his primitive wish to run away. The primitive wish is repressed or subconscious, and the aim of the subconscious mind is to remove him from the conditions which give rise to this conflict. The conscious mind refuses permission for the

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subconscious wish to be gratified. This would be the condition of every soldier under the strain of warfare.

It now comes to a contest to decide which is strongest, the primitive wish or the civilised wish, and there are certain auxiliaries to assist each side. The conscious mind is assisted by discipline, by the example of others as well as by the condition of early training, and also by the knowledge that if he does run away he will be shot. The subconscious mind is assisted in its efforts to produce his removal from the conflict by lowered general health, by any extraordinary strain, by the element of suddenness, and by the example of others in a general panic.

It becomes obvious that the conscious mind must be deceived, that a symptom must be imposed upon the body which the conscious mind will accept. This symptom must be disabling—that is, it must be of such a nature that not only does it call attention to the conflict that is going on, but it must be sufficient to remove the individual from the circumstances of the conflict as soon as possible.

These conditions apply to the soldier undergoing the strain of war, where the need for the escape from danger is urgent, but they also apply to every case of conversion neurosis. This can be shown in the form of a simple diagram:

**Diagram illustrating Production of a Conversion Neurosis.**

<table>
<thead>
<tr>
<th>CONSCIOUS MIND</th>
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<tbody>
<tr>
<td>CONCEPTIONAL INLET</td>
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<tr>
<td>EMOTIONAL CONTENT (Increased)</td>
</tr>
<tr>
<td>PHYSICAL OUTLET (Obstructed)</td>
</tr>
<tr>
<td><strong>CONVERSION SYMPTOM</strong> (Replacing Physical Outlet)</td>
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Every thought process consists of three parts: a conceptual inlet, something we observe—"I see a lion come in at the window"; an emotional content, a sensation in the body—"I feel afraid"; a physical outlet, some action that we take—"I run out of the door." The soldier under shell-fire observes the effect of the shells, he feels afraid, he runs away. Now, if he can run away there is no conflict, the whole process is complete and the mental strain does not occur. But he cannot run away; if he runs away he will be shot, so that the emotional content of the mind becomes increased owing to the fact that the physical outlet is denied. He will now develop a symptom which will serve the same purpose as running away would have done and in this way satisfy his subconscious wish.

It must be remembered that the whole of the process occurs at a level below consciousness, and that the soldier is completely unaware of it. All that he observes is that without warning he loses the function of some part of his body and, therefore, to him the symptom is quite genuine. He does not want it and is consciously almost as distressed at its appearance as if it were a genuine physical symptom, but his subconscious mind wishes to retain it, and it is for this reason that in every case of conversion neurosis two diagnostic signs are always evident: first, the individual resists the removal of the symptom so long as the conditions which gave rise to it are still in existence, and second the individual is complacent—that is, the disablement does not make him unhappy in the same way that a real physical disablement will do. These diagnostic signs will be referred to again presently.

As a rule the decision as to what the symptom shall be is the result of chance. It is suggested to the individual by some outside circumstance, some chance suggestion. He has a sore throat, speech is difficult, and he develops aphonia or mutism. He has an attack of gastritis and develops a persistent functional vomiting. In the case of a soldier a sandbag falls upon and bruises his shoulder and he loses the use of his arm.

**In Peace Time.**

We have taken as our example a very simple type of condition where the cause of the conflict is obvious and where the motive for the production of the symptom is perfectly easy to understand. When we come to deal with the cases that arise in peace time and in civil life, it usually occurs that neither the motive nor the cause for the symptom can be recognised so easily. This failure to recognise the symptom is naturally due to the greater complexity of the life of the ordinary civilian, or perhaps, to the greater trouble that we have in understanding the difficulties that arise in the lives of other people, but the same principle that we have just studied applies to every case of this nature.

What I have here called the subconscious mind for the purpose of simplifying the explanation, is intended to convey the idea of all those mental processes which occur outside the purely conscious level, and for our present purpose it is sufficient if we recognise that the part of the subconscious mind with which we are dealing is simple, direct, and child-like.

The child sees something it wants, feels the wish to possess it, and attempts to take the thing. Let us say that the child is prevented from doing this, it will show disappointment by anger or tears. If this principle is applied to the grown-up mind you get the same wish and the same impulse as you did in the child, but the activity is inhibited by the conscious mind of the grown-up. In the grown-up mind control has been so developed that all idea of the wish may have been prevented from reaching consciousness, but the discomfort and dissatisfaction remain to be expressed by consciousness although the childish subconscious wish originates the process.

If now you recognise the enormous number of wishes in the child's mind and the constant necessity for checking in the child the actions to which these
wishes give rise, you will appreciate how constantly the conflict that we are considering is present in the subconscious mind of the adult. This simple example will give us a guide to the cause of a mental disturbance in any patient and should be the aspect from which we view our patient when we are confronted with a case of conversion neurosis.

**Diagnosis.**

The diagnosis of a conversion neurosis does not, as a rule, offer very great difficulties. Some physical disability is simulated which is more or less within the patient's knowledge, and the symptoms are only as complete as the patient's knowledge of disease allows. Thus, an anaesthesia will be of the glove or stocking type because the patient does not know the distribution of the cutaneous nerves; a paralysis will be flaccid because the patient would not recognise spasticity as a disablement; the hysterical aphonic makes no attempt to use his vocal cords, and the mute makes no attempt at speech whatever.

While we are dealing with these simulations of disturbances in the nervous system, it would be as well to consider the one condition with which they may be confused. The patient with disseminated sclerosis is often mentally disturbed as a result of the direct interferences by the disease process with the higher centres of the nervous system, and the symptoms of the disease occurring in the spinal cord are in the early stages of the disease vague and obscure, while they are sometimes associated with definite hysterical phenomena. There is, however, one diagnostic sign which will always decide the question, and it is this: An extensor response of the plantar reflex, Babinski's sign, is never present in a case of conversion neurosis uncomplicated by actual disease of the nervous system.

It has just been mentioned that the symptom in the case of a conversion neurosis can be of any nature that is compatible with the absence of physical signs of the cause, but this statement requires this modification, that a conversion symptom may be super-imposed upon a definite defect. The symptom of the conversion neurosis is suggested to the patient by some chance cause or it may be by some simple illness that is already present as occurred in the example just mentioned of the case of gastritis that developed functional vomiting, and the best guide to such a condition is the effect of treatment.

In any case, if the symptom persists after all sign of disease has disappeared, it should be suspected that you are dealing with a case of conversion neurosis and that some disturbance is occurring in the mind of the patient which must be removed before the patient can be cured.

The attitude of the physician is often at fault with regard to these patients. There is a tendency for the conversion symptom to be looked upon in some way as the patient's own fault, and when the condition has been diagnosed as functional for the physician to be satisfied with the diagnosis and to look upon the patient as rather stupid and troublesome and as not requiring further treatment. In actual fact there could be no greater error. These patients are very seriously disabled, they suffer very greatly and they can be cured, usually in a very simple manner, and it is the object of this lecture to produce towards the conversion neurosis the attitude that far from being irritating and obscure they are, in fact, extremely interesting and simple to treat.

**ILLUSTRATIVE CASES.**

The description of a few cases will illustrate this condition.

**Case 1.**—A man, aged 37, who had been called up for the army, was in training in England preparatory to proceeding abroad. During a practice attack on a trench by night he reached the trench first and leapt down into it, and the man immediately behind him jumped in on top of him, landing on the back of the patient and causing a concussion of the spine. He became paralysed in both legs. This accident occurred in 1916 and in 1922 he was still suffering from paraplegia and his case came under review for his transfer to the Star and Garter Hospital for totally disabled patients. During the medical examination the doctor noticed that the patient's legs were not wasted and he was sent to the Ministry of Pensions clinic for consideration. It was found that his paraplegia was entirely functional.

The case at first sight suggested that the man had been terrified of going abroad and that his subconscious mind had chosen this as a method of preventing him from doing so, but a further examination disclosed the following facts: The patient and his wife were simple working people some years before the war. At one time, when he was unemployed, his wife maintained the household by taking in washing. She was intelligent and industrious and was soon able to employ several of her neighbours. They then started a small laundry with a number of girls to do the work, and these two people at the time the war started were in a position to take things easily and to look forward to a comfortable old age.

The effect of the war was disastrous to them. They were unable to procure soap and other materials, their assistants went off to make munitions, and the last and worst blow fell when the patient was called up for the army. His wife wrote him pathetic letters, and he was in this condition of mental distress when the accident happened which deprived him of the use of his legs. The mechanism presumably was that he recognised their affairs were in a very difficult state and that he was being taken away from his wife, he felt intense fear for their future and grief for their loss, and he wanted to get back home.

When this was explained to the patient he eagerly accepted the possibility of recovery. It was like a reprieve offered to a man who had been condemned to a life's sentence. He began to move his legs at the first interview, and in a short time he was taking a few steps holding on to a bar. At the third visit he was walking and such was his eagerness that he made his feet so sore and swollen with the unusual exercise that he delayed his recovery for a fortnight while he went back to bed for his feet to recover. The case was easily cured because the cause for the patient's disturbance was ended and the symptom was no longer required.

**Case 2.**—An unmarried woman, aged 23, of the superior artisan class ceased to menstruate after a visit to London of her sailor lover. Her letter announcing this fact to him crossed in the post a letter from him in which he broke off the engagement. She was in despair and took a large quantity of oxalic acid, and she was admitted to St. Bartholomew's Hospital, where she was treated and recovered from the poisoning. Following this her menstruation became regular again, but a few days later she lost the use of her left arm—a quite obvious functional para-
LYSIS. There were some scars on the left fore-arm where an old cellulitis had been opened, and it was clear that her left arm had always been weaker than her right arm, and was, in consequence, chosen for the conversion symptom. It was demonstrated to her that her left arm was perfectly sound, and the paralysis disappeared as suddenly as it had come. Two days later she started to vomit, typical functional vomiting, the food never being allowed to remain in the stomach, but being regurgitated as soon as it was swallowed. Under observation it was recognised that this was a conversion symptom, representing the paralysis of the arm, but it was so persistent that in four weeks the patient had lost two stone in weight, and what is rather unusual in such cases, she complained very much of hunger.

It seemed obvious that the cause must be the fact that she had been visited and discovered by her own intuition, but she quite sincerely affirmed that she did not care any longer for the man and that she was quite happy to have got rid of him. Eventually it came to light that her father, of whom she was very fond, had said that she must never enter his house again and had disowned her. He had never visited her in hospital. The father explained that he had taken this action in order to protect her from anything of the same kind happening to her again, and the day that they were reconciled the vomiting ceased and she made a complete and rapid recovery.

CASE 3.—A man of 47, a head clerk, unmarried, and living with his people. He devoted his leisure entirely to playing chess. He complained of an inability to use his right hand for writing. Any attempt to write or even to sign his name caused him great pain of the muscles of which jerked his hand off the paper. He was able to do a certain amount of work by dictation, but he was faced with the prospect of having to give up his employment.

Upon investigation it was found that he was not suited to the work of controlling others. There were several young clerks in the office whose complaints disturbed him constantly. They were making the most of the situation in order to take advantage of his lack of knowledge of the world. One incident that occurred was the loss of the firm of £500 as the result of a mistake by one of the clerks, and the patient was conscientious enough to be seriously disturbed by the occurrence, although he had not been in a position to prevent it in any way.

These circumstances were apparently sufficient to produce a subconscious wish to get away from his work, although this was so contrary to his common sense. In this case the symptom was recent, and was, therefore, easily removed. The mechanism of the mind was explained to him and he was advised to explain his difficulties to his employer. At this interview he was assured that his work was in every way satisfactory. The conditions of his work were altered to make them less irksome, and the symptoms disappeared within a few days.

The treatment of these cases is extremely simple. It is more effective if the element of mystery is introduced into the method, or if the correct state of mind for cure is aroused by religious fervour or by some similar effect. Such patients can be actually cured because the symptom is no longer required, owing to the disappearance of the original motive which called the symptom into being.

It should be remembered that the patient does not give in, in the first place, without a struggle, that before the symptom is produced there has gone on in the mind a very definite conflict and a struggle against ill-health which is greater or less according to the training and mental strength of the patient in whom the conversion neurosis occurs. Once this step is taken and the patient has developed the symptom his position is no longer the same. A breach has been made in his defences. The same path can be travelled again and a subsequent mental conflict or disturbance is likely to be expressed much more readily than the first one and along the old path, this path being used again and again, more and more readily as the habit of using it grows, until finally the patient responds to the simplest difficulties by the production of the symptom.

This is illustrated by the case of a girl of 21, who learnt to fall asleep in any circumstances if a difficulty arose in her life. She was in domestic service, and if she was scolded for any fault she was quite likely to go to sleep standing up and leaning against the table. Going to new situations always produced a strain and she usually slept heavily at intervals during the first day in a new place in all kinds of curious circumstances. Occasionally, this symptom gave rise to amusing incidents. Her mistress for the time being was invariably alarmed at this occurrence and sent for the local doctor who always used every art to remove the symptom, measures which rather tended to keep the patient more definitely asleep. She was on one occasion sent into hospital by a doctor who diagnosed encephalitis lethargica.

If the cause of the disturbance of mind persists the removal of the symptom is as difficult as in the other type of case it is easy. The symptom is of value to the patient; it satisfies the subconscious need of the patient, and he will submit to almost any torture to retain it.

It is of very little use to demonstrate the functional nature of the condition of the patient, because he will refuse to understand you. Should his life be made so absolutely unendurable that the retention of the symptom is associated with really severe pain, the original symptom will be given up and a new symptom will arise to take its place, usually more difficult to explain and very much more difficult to remove than the first. For example, a series of cases of mutism during the war were treated by a strong faradic current applied to the larynx. This was so painful that the patients screamed with agony, but it apparently produced a dramatic cure. Practically every one of these cases developed a severe and persistent stammer.

THE CONVERSION SYMPTOM.

The main object of treatment is the discovery of the conditions in the patient's life which gave
rise to the mental conflict, a process which involves not only a general understanding of the mental processes involved, but a capacity on the part of the physician of seeing himself in the situation that the patient describes in order that he may understand what the particular elements are which make the appearance of the conversion symptom necessary. The patient will hide the cause even if he is aware of it. He will discuss his whole life for an hour and, perhaps, give you a hint of the real trouble just before the end of the interview. It is often these hints which are of the greatest value to the psychologist. They may be mentioned quite casually or they may be associated with restless movements and uneasiness in the patient's demeanour or they may be accompanied by an outburst of weeping. It is my practice to follow these indications quietly and, if necessary, to prolong the interview so as to take full advantage of the communicative state to which the patient has arrived. Once the patient feels that the attitude of the physician is sympathetic, no difficulty will be experienced at subsequent interviews in obtaining a full account of the whole condition.

The patient is usually well aware of the disturbance of mind from which he has suffered or is suffering and recognises that the conditions are causing unhappiness or dread or some other painful emotion, but such is the nature of these cases, that he does not associate cause and symptom and will often resist the idea. In practice this makes no difference to treatment.

Any difficult conditions in the patient's life must be investigated and brought fully into the patient's consciousness. They must then be dealt with either by the removal of the condition, if that is possible, or by a conscious acquiescence and a correct mental adjustment to the difficulty. The symptom should be retained until this process is complete. It is of value as an indicator to show whether or not the work has been completed. Sometimes, when the patient's mind is at rest, the symptom will disappear spontaneously, but it most frequently happens, as has been previously mentioned, that something more is needed to remove the symptom, and if the method can be made rather dramatic it helps the patient to give up a symptom and at the same time to retain his self regard. He is bound to feel rather a fool if he is cured by cold logical common sense. Full advantage is taken of this by the practitioners of the unqualified type in treating these patients and, because of the failure of ordinary medicine to deal correctly with these conditions, these cases tend to fall into the hands of those practitioners who have been taught along less orthodox lines. It should never happen that the regular practitioners of medicine fail to cure them.

Suggestion, with or without hypnosis, electrical treatments, sudden shock, or any similar method will serve to remove the symptom, but the real work of cure is effected when the psychological investigation, the explanation of the condition, and the re-education of the patient are complete.

NOTES ON POST-GRADUATE WORK IN VIENNA.

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These notes on post-graduate opportunities are mainly personal impressions, and are the result of experience during six months' study in Vienna. Three main facts emerge:—
1. The effectiveness of the teaching organisation and the excellence of the teaching.
2. The great range and quantity of the clinical material and its availability for the purposes of the post-graduate student.
3. The cordial spirit of the teachers toward the post-graduates and the disinterestedness of the teachers.

The University.

These, apart from the romance inseparable from the city and the medical side of its artistic life, are the chief impressions. The success of post-graduate teaching in Vienna is a consequence of and a tribute to the excellent organisation of the University authorities, for it continues in spite of the absence of elementary provision for the comfort of the large body of post-graduates in the city. Their numbers are difficult to estimate. They include a few Englishmen, some from the Dominions, many Americans, Continentals from every quarter, and men from South America, Egypt, and Asia. The majority appear to be American, but a great many students not from English-speaking countries are scattered in various parts of the city. The number of women post-graduates from the English-speaking countries is small. The American Medical Association provides the only club purely for medical post-graduates. As a club it was, in 1924, in the common opinion of members, very much less than satisfactory. But in spite of this handicap in social life—Vienna at the time, be it remembered, was a desperately poor city—the universal feeling of the post-graduates respecting the work in the medical schools which they were able to do, was of enthusiastic appreciation.

The post-graduate teaching in Vienna so far as regards the majority of English-speaking students there to-day is the outcome of an arrangement between the American Medical Association and the Medical Faculty. The Association is a very successful body, possessing a surplus of funds, founded some 30 years ago for the organisation of medical post-graduate work, and the promotion of the social side of life among its members.

The conditions of post-graduate study are laid down by the Faculty.

Teachers and Courses.

Part of the duties of the professors in the various branches of medicine is to teach in the hospitals.
The Conversion Neurosis

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