

Critical Appraisal on Self Concept in Conversion Disorders

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ABSTRACT

Conversion Disorder is characterized as symptoms mimicking neurological disorder with no underlying physical or medical problem, psychogenic in nature and the onset of symptoms must be recognized or related to psychological stress. The self concept in conversion disorder seems to be distorted and limited. The aim of the study is critical appraisal on self concept in Conversion Disorder and the objectives are to review the studies on self concept in Conversion Disorder. Pubmed, Jastor, Elsevier and Indian Journal of Psychiatry were searched using the word hysteria or conversion disorders, self image, self efficacy, self regulation, ideal self, self esteem and self concept. It was found that patient with Conversion Disorder has a sense of self of a small, fearful and defective child coping in a world dominated by powerful others, they have frustrated needs and accompanied by frustration in the need for 'self-esteem and self-actualization, Lack awareness of their self efficacy, heightened self-monitoring and construct myths of self which testify to the sincerity and significance of their conversion experiences, may involve a form of deception. It was also found that Repression replaces the unconscious with self deception, they have low self esteem and significantly increased activation in areas involved in the 'freeze response' to fear (periaqueductal grey matter), and areas involved in self-awareness and motor control (cingulate gyrus and supplementary motor area).

Keywords: *Self esteem, ideal self, self image, self regulation, self efficacy, Conversion Disorder*

In the ancient times, Conversion was known as “hysteria” and was thought to be a disorder of the uterus, which would travel around the body and suffocate the patient. The psychoanalysis during the 19th century helped to conceptualized hysteria as a “female” disease but after the reported cases of shell shock during the World War I it was realized that conversion is equally common in males. The symptoms mimics neurological disorder with weakness of limbs or paralysis, seizure like episode, sensory disorder and memory loss with no underlying physical or medical problem. It is psychogenic in nature and can cause impairment in ones daily functioning. Also there must be a recognized psychological stress that can be related to the onset of symptoms. Many studies understand hysteria, as more

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common in young adults (Deka et al 2007, Deveci et al 2007), females (Deka et al 2007, Anuradha et al 2011, Stefánsson et al 1976, Deveci et al 2007) and belonging to nuclear family of lower socioeconomic status (Stefánsson et al 1976, Deka et al 2007, Anuradha et al 2011, Kuloglu et al 2003) from rural area (Reddy and Chandrashekhara, 1998, Ganguli (2000) and Anuradha et al 2011). Manchanda and Manchanda (1978) in their study found that Hysteria was the commonest diagnostic group (71.4%) and found common in neurological practice, accounting for about 1% of neurological diagnoses. The weighted prevalence rates of 4.5% in India (Reddy and Chandrashekhara, 1998) where as Madhav (2001), concluded that prevalence rates for hysteria were 18.5 and 4.1 per 1000 population respectively.

Over the last five decades, researchers have shown interest in studying Self concept and its relation with psychopathology. Much of the studies on self concept are found to be undertaken with Adolescent, Body Image, Athletes, leaders, ethnic and race, personality and in understanding psychopathology. In the present article, we will be exploring the components of self image, self esteem, ideal self, self regulation and self efficacy. Self concept as described by Carl Roger has three component of self esteem, real and idea self. Elaborating that the lesser degree of discrepancy between the real and ideal self would have higher self esteem and Low self esteem occurs when the perceived self is significantly lower than the ideal self. On the other hand, Self regulation is a mechanism that operates through principals of self monitoring, judgement and affective reaction. It also encompasses the self Efficacy mechanism which meaningfully creates a strong impact on thought, affect, Motivation and Action (Bandura 1991, 1994). And Bandura (2011) in his recent study on self-deception suggest biased information seeking and processing as evidence that individuals knowingly convince themselves of the truth of their falsehood. Acting in selectively biasing and misinforming ways is self-bias. However there is scarcity of literature on the self concept in Conversion Disorder and this review study would help to conceptualize the self concept in Conversion Disorder.

METHODOLOGY

The aim of the study is critical appraisal on self concept in conversion disorder and the objectives are to review the studies on self concept in Conversion Disorder. Pubmed, Jastor, Elsevier and Indian Journal of Psychiatry were searched using the word hysteria or conversion disorders, self image, self efficacy, self regulation, ideal self, self esteem and self concept. The title and abstract and full text were reviewed whenever it was relevant. The references from cross references were also researched.

RESULTS

This section will be focused on the results derived by reviewing papers for analysis.

Authors	Year	Findings
Psychoanalytic Diagnosis	1994	Sense of self in hysteria is that of a small, fearful and defective child coping as well as can be expected in a world dominated by powerful and aliens others.
Ishikura and Tashiro	2002	Patients with conversion disorders have frustrated

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Authors	Year	Findings
		needs and accompanied by frustration in the need for 'self-esteem and self-actualization'
Psychogenic Movement Disorder, Neurology and Neuropsychiatry	2006	Conversion disorder patients lack awareness of their self efficacy as they lack the sense of responsibility and sensibility.
De Lange FP 2007	2007	FMRI study suggests that Conversion paralysis is associated with heightened self-monitoring.
Charles J. G. Griffin.	2009	Autobiographies of conversion may use the resources of narrative form to construct myths of self which testify to the sincerity and significance of their conversion experiences
Richard A. Kanaan	2010	Hysteria may involve a form of deception without necessarily the ethical implications of lying.
Uliaszek et al (2012)	2012	Psychogenic non epileptic seizure may be subject to high levels of emotion dysregulation.
Yacov and Yochay	2013	Repression; replaces the unconscious with self deception but continuing the psychoanalytic believe that neurotic disorders are rational behaviours.
Nazish et al	2015	Low self esteem is found among young people with conversion disorder.
Selma Aybek et al	2015	Conversion patients and significantly increased activation in areas involved in the 'freeze response' to fear (periaqueductal grey matter), and areas involved in self-awareness and motor control (cingulate gyrus and supplementary motor area).

DISCUSSION

The self concept in conversion disorder seems to be distorted. There is a possibility as many studies indicate that a cause of the conversion disorder is reported a higher incidence of physical/sexual abuse, a larger number of different types of physical abuse, sexual abuse of longer duration, and incestuous experiences more often than comparison patients (Roelofs et al, 2002) or traumatic event (Kuloglu et al 2003). Conversion patients are more suggestible. Hypnotic susceptibility proved to partially mediate the relation between physical abuse and conversion symptoms. Roelofs et al (2002) same study found that Conversion patients were significantly more responsive to hypnotic suggestions than control patients. In addition, conversion patients showed a significant correlation between hypnotic susceptibility and the number of conversion complaints. Ishikura and Tashiro (2002) studied ten conversion patients who were admitted and treated during the past 15 years on frustration and fulfilment of needs using Maslow's hierarchy of needs. The patients were encountered troubles in their life events were found to have frustrated needs and accompanied by frustration in the need for 'self-esteem and self-actualization'. They also found that needs of lower orders were already threatened at onset in many patients and the symptoms disappeared in patients in whom the situation completely improved (needs were fulfilled), but the symptoms were alleviated or unchanged in those in whom the problems remained unresolved. Low self esteem has also been reported among young people with conversion disorder by Nazish et al

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(2015). According to Psychoanalytic Diagnosis the main sense of self in hysteria is that of a small, fearful and defective child coping as well as can be expected in a world dominated by powerful and alien others. Few studies have focused on the emotional regulation component of conversion disorder patients like Uliaszek et al (2012), suggest that patients with psychogenic non epileptic seizure may be subject to high levels of emotion dysregulation. Similar results were found in a FMRI study by Selma Aybek et al (2015). Their results showed increased amygdala activation to negative emotions in Conversion patients and significantly increased activation in areas involved in the 'freeze response' to fear (periaqueductal grey matter), and areas involved in self-awareness and motor control (cingulate gyrus and supplementary motor area), suggesting abnormal emotional regulation (failure of habituation / sensitization). A much newer study by Yacov and Yochay (2013) came up with a new theory of rational choice emphasising a new concept of repression and replaces the unconscious with self deception but continuing the psychoanalytic believe that neurotic disorders are rational behaviours. Richard A. Kanaan (2010), hysteria may indeed involve a form of deception without necessarily the ethical implications of lying. Charles J. G. Griffin (2009) article suggest that autobiographies of conversion may use the resources of narrative form to construct myths of self which testify to the sincerity and significance of their conversion experiences. Oakley DA, (1999) a model of consciousness and self-awareness is presented which attempts to resolve that paradox whilst describing similar mechanisms underlying hypnotic phenomena and conversion hysteria symptoms. The model develops the idea of a central executive structure, similar to the notion of a supervisory attentional system, acting outside self-awareness but at a late stage of information processing which can be directly influenced from both internal and external sources to produce the relevant phenomena. They also propose that it is auto-suggestive disorder. De Lange FP (2007) FMRI study suggest that Conversion paralysis is associated with heightened self-monitoring during actions with the affected arm. They measured behavioral and cerebral responses in eight conversion paralysis patients with a lateralized paresis of the arm as they were engaged in imagined actions of the affected and unaffected hand.

Psychogenic Movement Disorder (1994), Neurology and Neuropsychiatry (2006) mention that conversion disorder patients lack awareness of their self efficacy as they lack the sense of responsibility and sensibility. Their conversion behaviour appears to be voluntary but do not have explicit self awareness of voluntary agency or motivation for their actions so regard their action as involuntary. The interpretation of their motivation is highly vulnerable to suggestions from others.

Although there were studies conducted on various aspects of self (self monitoring, self esteem , self deception and self efficacy) in conversion disorder and rich availability of literatures based on the socio demographic factors, prevalence and incidence rate but literatures emphasizing on self image, ideal self, and real self were unexplored . The psychological studies on self monitoring and self awareness, more researches on self esteem and self regulation needs to be encouraged.

CONCLUSION

It can be concluded that people with conversion disorder have heightened self monitoring, need for self esteem and self actualization. They have a sense of fearful and defective child; self deception, emotional deregulation and lack awareness of their self efficacy. The studies popularly explored on conversion disorder are based on the socio-demographic factors, prevalence and incidence rate. Therefore, there is still scope to contribute literatures to conceptualize the aspects of self concept in conversion disorder.

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