Symptoms

The majority of Conversion Disorder symptoms affect voluntary motor or sensory function, with or without apparent impairment of consciousness.

The most common symptoms are seizures and lack of proper muscle control. There are a number of other disabling symptoms such as uncontrolled crying, functional blindness and functional deafness, not being able to use the legs and not being able to see anything at all.

While all symptoms are disabling, the majority are extremely disabling.

Somatoform symptoms can affect any part of the body and any system in the body, however if there are only neurological symptoms, then the condition is labeled Conversion Disorder.

Seizures

Many CD sufferers have seizures on a regular basis. These seizures can be mild absence seizures or massive muscle spasms or anything in between. They can last for minutes, hours or even days. They often come in clusters that can last for days or weeks. There are no magic pills that can give the CD sufferer any relief from their seizures, though Magnesium can help with muscle fatigue.

There is nothing psychogenic or pseudo about the harsh reality of the physical damage done to a person by their CD symptoms.

Respect is given to a person who has epileptic seizures... in exactly the same way respect should also be given to a person who has non-epileptic seizures.

History

There is usually but not always a strong history of trauma, including sexual abuse. Trauma both as a child/teenager can start the process of developing CD, and a significant episode involving trauma at any time, including years later, can trigger the onset of CD.

There are a number of CD sufferers with the ‘Good Girl’ syndrome...young people who have a strong conscience and try really hard to please their significant adult, usually but not always their mother. This group may not necessarily have a significant traumatic event, but other factors set the scene for CD to take hold.

With both groups, the traumatized and the good girls, there is almost always a problem with talking to their significant adult (e.g. mother or father) about a subject that is bothering them (e.g. trauma or a perception of not living up to the high standard that they have set themselves to achieve).

Sometimes a parent will refuse to let the child talk about how they feel about things that happen in daily life, and this also triggers CD. Some well meaning parents regularly make totally inappropriate comments such as ‘Grow up, be a man’, ‘Stop being a sissy’, ‘Suck it up and grow up’, ‘Be quiet and not heard’.

It is this inability to talk about a significant subject and the emotions connected to it that is the direct cause of CD. The subconscious mind gets trained to suppress these thoughts and feelings, sending them down into the body through the Autonomic Nervous System instead of allowing them to rise to the conscious areas of the brain.

Treatments

The most beneficial method of treating a CD sufferer is to treat them with the greatest of respect... respect that they have survived for so long with these very debilitating symptoms, an respect for the pain and suffering and trauma that they have already endured.

Do not add to that pain and suffering in any way by forcing or even asking a CD sufferer to stop their symptoms (they can’t!), or by offering bribes. They have absolutely no control over the symptoms, and bribes, cajoling or any other methods of encouraging them the move forward or through their symptoms shows a complete lack of understanding of the mechanisms at work and is extremely damaging to the CD sufferer. Quite simply, it makes them worse, MUCH worse.

CBT, DBT and counseling have been shown to be beneficial, especially where the focus is on understanding and expressing the emotions that should have surfaced in the past during those traumatic experiences and also those the should surface in daily life.

Hypnotherapy and kinesiology have also been shown to have some benefit for some people, while inspirational seminars (e.g. Louise Hay) and faith healers have helped others.

Emotional Freedom Technique (EFT) appears to be the most beneficial of the self-help treatment options available out there. For at least one sufferer, it has been used to stop symptoms mid-stream and also reduce both the frequency and intensity of symptoms.

Above all, treat CD sufferers with respect. Treat them and accept them as you would a person with any other medical condition.
Secondary Gain

This is mentioned in relation to Conversion Disorders often enough to warrant a comment. The majority of CD sufferers look as if there exists a very strong secondary gain, however if there is any, it exists purely at the subconscious level and not at the conscious level.

CD sufferers are absolutely horrified at the thought that there might be any secondary gain. They absolutely hate their condition with a passion, and would do anything at all, and everything in their power to get rid of CD and the severely disabling symptoms they experience on a daily basis.

There is no secondary gain when the symptoms cause significant physical damage to their bodies on a regular basis, including severe joint dislocations, torn muscles and ligaments, massive bruising and even concussions and broken bones from falling when seizures come on suddenly or muscles suddenly stop working.

The Haunted Look

A significant number of CD sufferers have a haunted look in their eyes. This haunted look appears to be a reflection of the fear they feel because of their complete ignorance of what is happening to them and why.

They usually take months or even years to accept that their subconscious mind can create these symptoms for no apparent reason and without their permission. They can see their life falling away from in front of them, and see themselves condemned to an extremely miserable life for no apparent reason.

This fear is REAL and must be respected.

-- RESPECT -- RESPECT -- RESPECT --

Proposed Changes to the DSM-5

Conversion Disorder is not well understood by the majority of health care workers with the result that the most common methods currently being used when interacting with sufferers actually make the symptoms a lot worse. The proposed changes to the DSM-5, the standard list of definitive definitions of mental health disorders, will make a huge difference in both attitudes to and treatments of CD.

Firstly, they are proposing to change its name to Conversion Disorder (Functional Neurological Symptom Disorder).

The proposed new definition also removes any reference to feigning because they claim “there is no evidence that feigning is more common in patients with possible conversion disorder than with other mental disorders. Highlighting it for conversion alone is unnecessarily stigmatizing and may be detrimental to the physician-patient relationship.”

They are also proposing to remove any reference to psychological factors because it is confusing, unreliable and subjective, and can’t be proved one way or another. There appears to be no basis whatever for having included it in the definition in the first place.

The references that are proposed to be removed have been most counter-productive in treatments of and interactions with CD sufferers. They have been the major cause of adding significantly to an already overwhelming trauma load and have caused untold grief and trauma because they have engendered an atmosphere of disrespect towards CD sufferers, disrespect that has now been shown to be completely unfounded.

Conversion Disorder

(Functional Neurological Symptom Disorder)

Conversion Disorder - What is it?

Conversion Disorder is one of the severely disabling Somatoform Disorders. It’s actually a lot more complicated than that. It seems that the symptoms are created by the Subconscious in response to the Subconscious suppressing a thought that has an emotional component. This whole process is completely subconscious, which means that the person has absolutely NO conscious awareness of it, and absolutely NO conscious control over it.

This condition is really a hard wiring problem, i.e. the same way that Epilepsy is a hard wiring problem. With Conversion Disorder, the hard wiring problem issue is that the part of the brain where subconscious decisions are made seems to send thoughts down into the body instead of sending them upwards into the part of the brain responsible for conscious thought.

When these thoughts are sent down into the body, they travel down through the Autonomic Nervous System (ANS), through the mechanism commonly known as The Fight-Flight-Freeze response. This throws the ANS out of balance, causing many additional irritating symptoms or top of the most visible, obvious and seriously disabling symptoms. These additional symptoms include increased heart and breathing rates, sweating, digestive disorders and significant panic and/or anxiety.

For more information, go to www.SomatoformAustralia.org

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