

# Psychopathology of Hysteria

Psychopathology of hysteria and its variants are complex and results of interactive effects of psychopathological elements of diverse nature.

## Core psychopathology

### 1. Gain:

Primary gain - resolution of conflict, stress or adversity in pathological ways expressed through symptoms not in awareness initially it always happens in unawareness.

Secondary gain- additional reinforcement in the form of extra care, receiving unnecessary interventions and investigation, nurturance, demand or need fulfilment mostly presents in awareness. This gain can be explained by behavioural principle of operant conditioning.

### 2. Deviant illness behaviour as part of abnormal sick role that comes from social learning

Attention seeking usually starts as part of abnormal illness behaviour later increased by reinforcement and may persist after remission if not properly handled. This is also signs of unresolved psychological factors

## Other psychopathology

a. Repression-The process of displacing distressful experience, stress or conflicts from conscious to unconscious areas of mind that gives relief to the distress that a person cannot cope. This happens primarily in unawareness and not intentional. That is the reason for la belle indifference. However, through the course of time, or due to intervention that comes to awareness that may cause recurrence of distress either transient or in enduring form.

b. Regression or infantilization- behaving childish behaviour which is clearly age inappropriate due to regression of individual mental age to lower level of his chronological age.

c. Suggestibility- modification of symptoms, cognition and behaviour through suggestions. It is basically an expression of personality traits like dependent nature, needing help for problem resolution. This is used to confirm the nonorganic nature of symptoms and also as initial treatment options.

## Psychopathology of Conversion disorder

Conversion- intrapsychic process of converting psychological distress to somatic symptoms expressed through the apparently unexplained medical symptoms either motor, sensory, autonomic or mixed.

Plus all of the general psychopathology of hysteria as mentioned above

### **Psychopathology of Conversion disorder**

Dissociation- intrapsychic process of splitting one or more part of the mental process or covert behaviour from the rest with the aim of resolving psychological distress. The common expression of dissociation is amnesia, or amnesia and self-agnosia usually associated with fugue state. Other uncommon expressions are dual or multiple personality, trans state and possession state. Jinn's possession in our culture is another example where dissociation blended with shared belief that comes from social learning.

### **Psychopathology Possession State (Jinn Possession)**

Core psychopathology is related with shared belief. For example, belief of existence of Jinn and its possession is clearly exists in our culture and shared by the patient and care givers and achieved through the process of social learning. Therefore, odd and inappropriate behaviour in Jinn possession is just expression of belief-behaviour relationship of the society. This is usually reinforced by observational learning. However, other form of psychopathologies as stated earlier play critical role in precipitation and perpetuation of this state.

Overall, manifestations of hysteria can simply be explained as cry for help. All these psychopathological phenomena can explain the symptoms of hysteria, give indication of the problem areas, help in understanding personality traits, making treatment and prevention plans.

### **Note:**

Other than all varieties of hysteria, this psychopathology partly explain the dissociation in Acute Stress Disorder, PTSD, and some behaviours of personality disorders (BPD, Dependent, Avoidant and Histrionic) also in many somatic (physical) disorders, particularly severe and chronic in nature. This mixed psychopathology is one of the reasons of tendency of staying long duration in hospital in many patients by expressing vague complaints, dissatisfying with medical explanation and usually they feel despair when discharged. This is also known as histrionic overlay.