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Introduction

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Rehabilitation specialists frequently encounter patients presenting with physical symptoms and associated disability without evidence of underlying pathophysiology. Although the terms 'hysteria' and 'hysterical' are still commonly used in reference to these patients and their symptoms respectively, the word 'somatoform' has replaced these terms in official medical nosology. Among the various Somatoform Disorders, 'Conversion' and 'Pain' Disorders are those most likely to present to neurorehabilitation specialists. Conversion Disorders are unexplained symptoms or deficits that mimic neurological disorders and affect voluntary motor and sensory function. Although true Conversion Disorders are generally regarded as uncommon, a diagnosis of conversion/hysteria is frequently made in patients who present with a combination of unexplained symptoms and associated psychological difficulties. Differentiating between the diagnosis of hysteria and psychological factors often associated with the experience of illness has always been a difficult issue in medicine. Many of these difficulties are outlined in Dr. Merskey's introductory article and in the second article on 'Diagnosis of Conversion Disorders in a Rehabilitation Setting.'

It is not uncommon for patients with Conversion Disorders to refuse psychological/psychiatric

care. In the past, case studies or small case series have described how these patients may improve, and in many cases recover, utilizing a rehabilitation approach which makes little or no attempt to treat the underlying psychological difficulties. More recently some centres have systematically developed and evaluated multidisciplinary treatment protocols to manage these patients utilizing a rehabilitation approach. In the third article, Drs. Speed and Mooney describe their rehabilitation program which has been utilized effectively to treat patients with acute or subacute hysterical motor disorders. In the fourth article, Drs. Teasell and Shapiro describe a strategic-behavioural rehabilitation approach for more chronic motor conversion disorders.

In the medical management of hysteria or conversion disorders controversy exists. For rehabilitation specialists, nowhere is this controversy more evident than the issue of chronic pain. Two articles, with different viewpoints, attempt to capture the emerging debate. Dr. Mai's article on Somatoform Pain Disorder, represents a viewpoint prevalent in medicine; this viewpoint sees chronic pain disorders as largely a psychogenic problem. The other article by Drs. Shapiro and Teasell argues that most chronic pain disorders are quite distinct from hysterical/conversion disorders and

are more appropriately viewed from a biopsychosocial perspective in which a multitude of factors, physical and psychosocial, likely contribute to the development, exacerbation and maintenance. The final article in this issue by Drs. Mooney and Speed provides a timely review of non-organic factors in minor brain injury, a debate which bears similarities to the chronic pain controversy.

As our understanding of both the pathophysi-

ology of disease and the patient's experience of illness increases, the classification, diagnosis and management of conversion and pain disorders will continue to evolve. Rehabilitation specialists, with their more holistic views of disease/illness and comfort with interdisciplinary approaches are ideally suited to assist in the management of these disorders. We hope this issue of *Neuro-Rehabilitation* will further a better understanding and treatment of these patients.