

## Data supplement

Table DS1 Studies identified (excluding case reports and series)

Author, year	Study design	Drug interview		Control		Duration		Results (% recovered)	Limitations
		Agent, dose	Technique	n	Treatment	n	illness		
Lambert & Rees <sup>11</sup> 1944	Open label	Barbiturate, NS	Suggestion	126	Occupational therapy; remedial physical training; educational lectures and discussion groups; social work involvement as required	102	NS	NS	Drug interview arm restricted to case participants unresponsive to control treatment so comparison group not a true control No masking No randomisation Drug and dose unspecified Duration of symptoms not provided Outcome based on clinical impression The authors conclude that symptoms resolved more quickly in drug interview group than others but did not provide supporting data Follow-up not provided
Semenov <sup>12</sup> 1947	Open label	Pentothal, NS	Suggestion + Exploration + Catharsis	75	Nil	0	NS	NS	No control group Retrospective design No masking Duration of symptoms not provided Dose not specified No statistical analysis Follow-up not provided
Carter <sup>15</sup> 1949	Case-note review	Group 1 Thiopentone, NS Group 2 Thiopentone or hypnosis	NS	12 23	Positive suggestions and disattending to abnormal illness behaviours	56	NS	4–6 years	Retrospective design No masking Case participants not selected randomly but chosen for 'clear-cut, isolated' symptoms Study treatments restricted to case participants refractory to control treatment alone Unclear how many in Group 2 received thiopentone or hypnosis Vomiting included as hysterical symptom (n = 6), but excluded from this review Duration of symptoms not provided No statistical analysis Outcome based on clinical impression

(continued)

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Lal & Sharma <sup>13</sup> , 1978	Open label	Thiopentone, 2.5%, 20cc	Suggestion + Rehabilitation	189	Nil	0	117 (62%) <6 weeks 72 (38%) >6 weeks	NS	Total 48% Type Fits 80% Motor 50% Mutism/aphonia 50% Sensory 100% Mixed 33% Other 0% Onset Sudden 72%	Retrospective case-note analysis No control group No masking Includes hyperventilation attacks as hysterical No statistical analysis Outcome based on clinical impression Follow-up not provided
Hafeiz <sup>14</sup> , 1980	RCT	Group 1 Methylphenidate, 10mg Group 2 Amytal, 250 mg	Suggestion	NS	Group 3 Somlec (an electro-sleeping machine), (NS) plus suggestions Group 4 Faradic stimulation, (NS) plus suggestions	NS	46 (58%) <6 months 11 >6 months	12 months	Group 1 81% Group 2 20% Group 3 90% Group 4 84% Response rate where duration <6 months 91% >6 months 27%	Randomisation procedure not given No masking No control group No statistical analysis Treatment switched if 4 sessions produced no response but data on this not provided Amytal arm discontinued after treatment of 5 participants due to perceived lack of effect Numbers in each treatment not given, except for amytal arm Not all case participants accounted for in results Mean duration of symptoms not provided Outcome based on clinical impression

NS, not stated; RCT, randomised controlled trial.

**Table DS2** Description of case reports and series

Author	Year	Age, gender	Description of symptoms	Illness duration	Agent, dose, (abreactions, n)	Technique	Outcome
Horsley <sup>16</sup>	1936	38, M	Non-epileptic seizures followed by fugue states	15 years	Nembutal, NS, (1)	Exploration + Suggestion + Catharsis	Recovered memory and no further non-epileptic seizures
Herman <sup>17</sup>	1938	21, F	Psychogenic fugue and stupor	Days	Amytal, NS, (1)	Exploration	Rapidly engaged with interviewer, recovered memories and admitted psychosexual conflict
		19, F	Psychogenic fugue	Days	Amytal, NS, (1)	Exploration	Memory recovered during interview. Later admitted she regretted some admissions made during interview
Wilde <sup>18</sup>	1942	NS, M	Amnesia	NS	Pentothal, NS, (1)	Catharsis	No euphoria. Dramatic abreaction of war experience. Revelation of unrequited love affair prior to service. Able to return to duty
		NS, M	Deafness and aphonia	NS	Pentothal, NS, (1)	Exploration + Catharsis	Marked euphoria. Relief of deafness and aphonia, revelation of detailed history. Able to return to duty
		NS, M	Amnesia	NS	Pentothal, NS, (1)	Exploration + Catharsis	Not euphoric, but loquacious. Memory recovered. Motive underlying fugue revealed to be domestic worries. Able to return to duty
		NS, M	Motor tic	NS	Pentothal, NS, (1)	Exploration	No euphoria, serious demeanour. Revelation of fear which he was unaware of before. Returned to duty
		NS, M	Recurrent fugues	NS	Pentothal, NS, (1)	Exploration + Catharsis	Not euphoric. Resistance not overcome. Invalided
		NS, M	Amnesia	NS	Pentothal, NS, (1)	Exploration + Catharsis	Not euphoric, but emotional. Memory restored. Returned to duty
		NS, M	Hysterical tic	NS	Pentothal, NS, (1)	Exploration + Catharsis	Euphoric. Domestic situation associated with tic brought to light. Returned to duty
Sullivan <sup>19</sup>	1942	42, F	Hysterical paraplegia	6 years	Amytal, NS, (2)	NS	After first session discarded crutches. Further improvement after session 2
Morris <sup>20</sup>	1945	30, M	Hysterical mutism	3 days	Amytal, NS, (1)	Exploration + Catharsis	Began talking during the interview. Able to express emotional difficulties
		31, M	Hysterical contracture	2 months	Amytal, NS, (1)	Exploration + Suggestion + Rehabilitation	Participant revealed he thought body damaged. Became elated in mood, muscle contracture eased and walked out of interview with posture restored
		24, M	Fugue state (intermittent)	NS	Amytal, NS, (2)	Exploration + Catharsis	Admitted to overwhelming desire to leave army and return home to wife and daughter. Able to recall fugue episodes
		21, M	Hysterical deafness	3 months	Amytal, NS, (1)	Suggestion	Suggested he could hear again after procedure. While in narcotic state his good ear was plugged with cotton wool. Able to have conversation on waking. Then good ear unplugged to demonstrate that deaf ear now functioning
Greiber <sup>21</sup>	1945	27, M	Sensory loss and weakness in left leg	4 months	Pentothal, NS, (1)	Exploration + Suggestion	Revealed distress at losing close friend just before onset of symptoms. Motor symptoms improved but area of anaesthesia persisted at follow-up 14 weeks later
Bender & O'Brien <sup>22</sup>	1946	41, M	Tremor, ataxia, convergence spasm, ocular palsy, glove and stocking anaesthesia	NS	Amytal, 500 mg, (1)	Rehabilitation	Normal movement of eyes restored during interview and maintained afterwards. Other symptoms not commented upon

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Semenov <sup>12</sup>	1947	26, M	Psychic binaural deafness following perforated eardrum; comorbid anxiety	3 months	Pentothal, 625 mg, (1)	Exploration + Suggestion + Rehabilitation	Able to hear progressively quieter voice, admitted to conflicts and guilt about actions in the war. Reassured and anxiety abated. Left hospital 3 weeks later with normal hearing bilaterally
		34, F	Psycho-genic deafness	6 months	Pentothal, NS, (1)	Exploration + Suggestion + Rehabilitation	Hearing returned. Admitted being unhappy and anxious since mother's death
		23, M	Organic deafness with functional overlay. Discrepancy between spoken voice and audiometric loss	21 months	Pentothal, NS, (1)	Exploration + Suggestion + Rehabilitation	Hearing much improved during interview. Authors cite response to interview as evidence a 64% functional overlay in right ear
		20, M	Psycho-genic deafness	NS	Pentothal, NS, (1)	Exploration + Suggestion + Catharsis	Admitted to guilt about behaviour to others, became highly emotive, suddenly recovered hearing and maintained afterwards
		19, M	Nerve deafness with functional overlay	NS	Pentothal, NS, (1)	Suggestion + Rehabilitation	Hearing improved but old partial deafness persisted
Rosen & Myers <sup>23</sup>	1947	20s, M	Hysterical amnesia, blackouts and anxious hyperarousal	NS	Amytal, NS; insulin, NS, (NS)	NS	No improvement. Participant later readmitted and recovered following psychotherapy
		20s, M	Hysterical paralysis and mutism	3 months	Amytal, NS, (NS)	Catharsis + Suggestion	Successful but no specifics
		19, M	Hysterical stammer, comorbid anxiety and depression	5 days	NS, (NS)	Exploration	Admitted to killing unarmed enemy soldier in combat. Pronounced stammer remained but agitation and autonomic overarousal resolved
Hannah <sup>24</sup>	1947	24, F	Hysterical tremor and myoclonus in right arm	6 years	Pentobarbital, NS, (1)	Exploration + Suggestion	Movements stopped during interview and no return of symptoms at follow up 18 months later. Admitted to conflict and fear of sexual indiscretion being exposed
		52, M	Hysterical paralysis of legs	Days	Phenobarbital, NS, (>13)	Exploration + Suggestion	Able to walk during interview and for some hours afterwards. Admitted to feeling of terror during mild physical trauma. Insisted paralysis would return after each interview
		55, F	Aphonia	18 months	NS, NS, (1)	Exploration	Began to talk during interview. Admitted anxiety about husband's health. Remained well at follow-up 9 months later
		50s, F	Aphonia	1 year	Pentothal, NS, (1)	Exploration	Began to speak, admitted to emotionally traumatic event as precipitant. Remained well at 1 year then died of thromboembolism
		NS, F	Aphonia	NS	NS, NS, (2)	NS	Able to talk during interview but relapsed 1 month later. Interview repeated successfully, but relapsed again in 3 months
		32, M	Jerking movements	Years	NS, NS, (3)	Exploration	Admitted to psychosexual conflict with wife. Symptoms improved significantly but not resolved. Not clear how long in follow-up
		42, F	Head turns to left only when walking	NS	Pentothal, NS, (2)	Exploration	Admitted to psychosexual trauma and longstanding emotional conflicts. Symptoms improved and remained better at follow-up 3 months later
		NS, F	Hysterical shrugging of shoulders	NS	NS, NS, (NS)	Exploration	Admitted to conflict with husband and daughter during interview. Symptoms improved but did not resolve

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Myerson <sup>25</sup>	1947	45, M	Hysterical amnesia for events of past 10 years	1 month	Amytal, 200 mg, amphetamine sulphate, 15 mg, (1)	Nil	Clinician gave drugs orally then left participant alone in room for 45 min with wife. Able to recall all lost memories. Remained well at follow-up some years later
		50, M	Amnesia and complete loss of personal identity	per-6 weeks	Amytal, 200 mg, Pervitin, NS, (1)	Nil	Clinician gave drugs orally then left participant alone in room for 45 min with family. On return participant talking quickly and able to recall all personal information. Remained well at follow-up some years later
		14, F	Amnesia and loss of identity	3 weeks	Amytal, 200 mg, Amphetamine sulphate, 10 mg (3)	Nil	Clinician gave drugs orally then left participant alone in room for 45 min with family. During each treatment gradually able to recall more information and finally admitted to episode of being attacked/bullied at school. Memory remained well at follow-up some years later
Ripley & Wolf <sup>26</sup>	1947	36, M	Left sided weakness, left sided stiffness	NS	Amytal, NS, (1)	R	Symptoms resolved during interview. Helped clarify diagnosis not organic
		NS, NS	Complete sensory loss and weakness in legs	NS	Amytal, NS, (1)	Exploration	Symptoms resolved for duration of interview. Helped clarify diagnosis not organic
		NS, M	Right hand weakness and sensory loss	NS	Amytal, NS, (1)	Exploration	Symptoms worsened during interview, but resolved 3 weeks later. Helped clarify diagnosis not organic
		29, F	Choreiform movements	26 years	Amytal, NS, (1)	Exploration	Admits to conflict and symptoms resolve for 1 day before returning
		NS, NS	Non-epileptic seizures and unexplained neurological symptoms	NS	Amytal, NS, (1)	NS	Non-epileptic seizure during interview. Admits to frustrations
		NS, M	Hysterical blindness	NS	Amytal, NS, (1)	Exploration	Blindness recovered but revealed a depressed anxious mental state, which responded to psychotherapy
Kupper <sup>27</sup>	1947	31, M	Aphonia	1 month	Pentothal, NS, (1)	Catharsis + Suggestion + Battle sounds	Voice returned after interview
		18, M	Aphonia	2 weeks	Pentothal, NS, (2)	1 Exploration + Battle sounds 2 Suggestion + Battle sounds	No improvement after first interview, then given suggestion he could talk. Woke able to talk
		24, M	Aphonia	6 weeks	Pentothal, NS, (1)	Exploration + Battle sounds	No improvement
		21, M	Psychogenic deafness	2 weeks	Pentothal, NS, (1)	Catharsis + Battle sounds	Hearing returned during interview
		21, M	Psychogenic deafness	NS	Pentothal, NS, (1)	Exploration + Battle sounds	No improvement. Told during interview to be repeated, hearing suddenly returned
		24, M	Stammer	2 weeks	Pentothal, NS, (1)	Exploration + Battle sounds	No improvement
		29, M	Stammer	5 weeks	Pentothal, NS, (1)	Suggestion + Battle sounds	Some improvement following interview
		19, M	Stammer	5 months	Pentothal, NS, (1)	Battle sounds	No improvement
		27, M	Stammer	2 weeks	Pentothal, NS, (1)	Battle sounds	Improved
		23, M	Bilateral lower limb paralysis	1 week	Pentothal, NS, (1)	Exploration + Suggestion + Battle sounds	Revealed anxieties. Next day able to walk
		21, M	Left leg paralysis	2 weeks	Pentothal, NS, (1)	Catharsis + Suggestion + Battle sounds	Able to walk after interview
		18, M	Bilateral lower limb paralysis	NS	Pentothal, NS, (1)	Catharsis + Battle sounds	Revealed anxieties about courage. Able to walk afterwards
		33, M	Bilat lower limb paralysis	2 weeks	Pentothal, NS, (1)	Battle sounds	Able to walk afterwards
		19, M	Unilateral lower limb paralysis	2 months	Pentothal, NS, (1)	+ Battle sounds	Able to walk after interview

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Author	Year	Age, gender	Description of symptoms	Illness duration	Agent, dose, (abreactions, n)	Technique	Outcome
Shorvon & Sargant <sup>28</sup>	1947	26, M	Hysterical tremor	2 days	Amytal, NS Ether, (2)	Catharsis	Reduction in tremor during interview but soon wears off. Repeated with ether and participant' substantially recovered'
		47, M	Right upper limb paralysis	6 months	1 Amytal, NS, (2) 2 Ether, NS, (2)	Catharsis Catharsis	Momentary improvement No improvement after first session Improved and with rehabilitation was discharged
		44, M	Absent sensation over face	6 years	Ether, NS, (2)	Catharsis	After second recovered sensations, depression lifted and was discharged home
		35, M	Pseudoseizures Left upper limb weakness	3 years	1 Amytal, NS, (1) 2 Ether, NS, (1)	Catharsis Catharsis	Improved mood and sense of well-being. Slight improvement in weakness. No mention of pseudoseizures. Recalled strangling child with left hand. Acknowledged feelings of guilt Recovered repressed memory of shooting child in war. Weakness almost completely resolved after abreaction. One week later symptoms returned and had 4 pseudoseizures
Mueller & Kaney <sup>29</sup>	1947	NS, M	Blackout spells	Years	Amytal, NS, (1)	Exploration + Suggestion	Expressed guilt about having child out of wedlock. Suggested during interview numbness and tingling in left little finger would occur instead of blackouts. On follow-up no further blackouts but numbness and tingling did occur sporadically
		NS, M	Fainting spells	Years	Amytal, NS, (1)	Exploration + Suggestion	Spoke freely during interview about desire to marry and guilt. Suggested during interview numbness and tingling in left little finger would occur instead of blackouts. Married girl from his childhood home. No further episodes but occasional tingling and numbness
		24, M	Fainting spells	Years	Amytal, NS, (1)	Exploration + Suggestion	Admitted during interview he felt inferior to others. Suggested during interview numbness and tingling in left little finger would occur instead of blackouts. Occasional numbness, tingling and dizziness during times of physical exertion
Fisher & Jospet <sup>30</sup>	1949	31, F	Dissociative fugue, and amnesia, depressed mood	Days	Amytal, NS; nitrous oxide, NS, (NS)	Exploration + Suggestion	Abreactions in first week ineffective. Recommended on day 23 of admission. Able to recall personal history until onset of the fugue, but not of fugue. Two weeks later able to recall details of fugue (thoughts of murdering sister)
		21, M	Fugue and post-fugue amnesia	NS	NS, (1)	Exploration + Suggestion	Able to recall antecedents and events during fugue (formed plan to kill himself) and motivation (had murdered someone)
Arentsen <sup>31</sup>	1954	21, M	Psychogenic deafness	3 days	Amytal, 1g, (1)	Exploration + Suggestion	Hearing improved during the interview. Began to display aggression, suspected to be present before interview. Confided that conflicts present
King <sup>32</sup>	1954	22, M	Psychogenic deafness	3 months	Pentothal, NS, (1)	Exploration + Suggestion	Admits to conflicts. Given suggestions hearing would improve. Hearing improved and maintained at 1 month
Mann <sup>33</sup>	1969	55, M	Dissociative fugue	NS	Amytal, NS, (2)	Exploration	Able to recall personal identity and other memories. Remained amnesic between interviews and following the second
		28, M	Hysterical paralysis and deafness	NS	Amytal, NS, (4)	1 Exploration + Catharsis 2-4 Suggestion	Reveals conflict and emotes. In later sessions formulation suggested to the participant
Hoffman & Farris <sup>34</sup>	1974	NS, M	Amnesia	3 months	Amytal, NS, (1)	Exploration + Catharsis	Emotional abreaction during interview then regained memory of events leading up to crash
Wetstein & Fauman <sup>35</sup>	1979	28, M	Fugue	1 day	Amytal, 130 mg, (NS)	Exploration + Suggestion	Able to recall information and retained after interview

(continued)

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Iserson <sup>36</sup>	1980	43, F	Right arm paralysis	NS	Amytal, NS, (1)	Exploration + Suggestion	Long-term improvement
		36, F	Left leg paralysis	NS	Amytal, NS, (1)	Exploration + Suggestion	Long-term improvement
		28, F	Paraplegia	NS	Amytal, NS, (1)	Exploration + Suggestion	Long-term improvement
		38, F	Right arm paralysis	NS	Amytal, NS, (1)	Exploration + Suggestion	Long-term improvement
		30, NS	Paraplegia	NS	Amytal, NS, (1)	Exploration + Suggestion	Long-term improvement
Shale & Gelenberg <sup>37</sup>	1980	19, F	Dissociative fugue	NS	Amytal, NS Methylphenidate, NS, (1)	Exploration + Catharsis	Admits to conflict, calmer following interview. Does not say what happened to symptoms
		30, M	Dissociative left leg weakness	2 months	Amytal, NS, (1)	Exploration	Admits to conflicts. Able to walk during interview. Symptoms return after the interview but gradually improve over the next week
Perry & Jacobs <sup>38</sup>	1982	NS, M	Hysterical stupor	NS	Amytal, NS, (1)	Exploration	Patient awoke to recall identity and past events. Admitted to emotional difficulties with lifestyle
		25, M	Muteness	Hours	Amytal, NS, (1)	Exploration + Suggestion	Admitted to emotional problems. Muteness spontaneously resolved at interview. Admitted to suicidal ideation and intent
Chancellor & Fraser <sup>39</sup>	1982	22, M	Hysterical mutism and fugue	12 hours	Amytal, 225 mg, (1)	Exploration	Multiple personalities revealed on abreaction. Shortly afterwards personalities reintegrated and memory returned. Given long-term psychotherapy
Schwartz et al <sup>40</sup>	1983	35, F	Dissociative convergence spasm	6 months	Amytal, NS, (1)	Exploration + Suggestion	Admits to role conflict. Spasm responds to suggestions
Weller & Weller <sup>41</sup>	1983	10, M	Numbness developing into quadriplegia. Comorbid depression	2 months	Amytal, 250 mg, (1)	Exploration + Catharsis	Neurological symptoms resolved during interview to reveal depression with suicidal ideation
Markowitz & Viederman <sup>42</sup>	1986	52, M	Dissociative pseudodementia	1 month	Amytal, NS, (1)	Exploration + Suggestion	Reveals conflicts and memories during interview. Following week memory continues to improve
Stevens <sup>43</sup>	1986	35, F	Retropulsion (walking backwards) developing into astasia-abasia	18 years	Amytal, NS, (2)	Exploration + Suggestion	After first interview able to walk normally but on return home developed astasia-abasia. 18 years later interview repeated and symptoms resolved. Domineering over-protective mother identified as a factor in maintenance of symptoms
		13, F	Mutism	Days	Amytal, NS, (1)	Exploration + Suggestion	Speech immediately returned and participant discharged following day
		13, F	Abnormal gait	NS	Amytal, NS, (1)	Exploration + Suggestion	Gait improved and remained normal when reviewed (unspecified) years later
Marcum et al <sup>44</sup>	1986	29, M	Episode of dissociation; multiple personalities; comorbid depression	NS	Amytal, NS, (1)	Exploration + Suggestion	Abreaction revealed 7 different personalities. Suggestion during abreaction helped integrate personalities and resolve depression
Hendler et al <sup>45</sup>	1987	44, F	Scoliosis, pain. Fulfil criteria for Birquet's syndrome. Comorbid depressed mood	7 years	Amytal, 250-600 mg, (4)	Exploration + Suggestion	Symptoms worsened when 250 mg used. Over next 3 interviews using higher dose she revealed psychosexual conflict and symptoms resolved. Improvement maintained at 5 years
White et al <sup>46</sup>	1988	14, M	Right leg paralysis	2 years	Thiopentone, NS, (NS)	Rehabilitation	Initial marked improvement but symptoms later returned
		49, M	Analgesia	2 years	Thiopentone, NS, (NS)	Rehabilitation	Symptom resolved

(continued)

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Hurwitz <sup>47</sup>	1988	43, F	Right sided numbness and tingling with non-epileptic seizures developing into right hemiparesis. Evidence of comorbid depression and bipolar disorder	6 months	Amytal, NS Methylphenidate, 0.5 mg/kg, (4)	Exploration + Rehabilitation	Began to move arm after second interview. Gradually recovered function during and between subsequent interviews. Emotional instability became more evident. Discharged after 3 months significantly improved but readmitted 3 months later with depression and mild right side weakness
		61, M	Right arm weakness and paraesthesia. Comorbid depression	18 months	Amytal, NS Methylphenidate, 0.5 mg/kg, (4)	Exploration + Rehabilitation	Mobility and sensation returned to right arm. Improved over following months but recurrence of depressed mood and neurological symptoms at 8 months
		35, F	Spasm, clawing and altered sensation in right foot. Comorbid anxiety and depression	16 years	Amytal, NS Methylphenidate, 0.5 mg/kg, (2)	Exploration + Rehabilitation	No improvement in neurological function. Remained adamant organic condition being overlooked
		38, M	Mixed sensory and motor symptoms with amnesia. Comorbid depression	6 years	Amytal, NS Methylphenidate, 0.5 mg/kg, (2)	Exploration + Rehabilitation	Amnesia resolved, sensation returned and moderate improvement in motor symptoms. Revealed frustration at inability to gain employment. Symptoms returned 3 months later after following break up of marriage
Menza <sup>48</sup>	1989	31, M	Paraplegia. Comorbid depression	1 month	Amytal, 450 mg, (1)	Exploration	Symptoms improved during the course of the interview but no significant stressor elicited. One hour post-interview he was found attempting to hang himself. Neurological symptoms persisted
Freimer et al <sup>49,1989</sup>		23, M	Lower limb motor conversion; non-epileptic seizure; poor memory; pain; comorbid depression	2 years	Amytal, NS, (3)	Exploration + Catharsis + Suggestion	Improved mood and motor function, no effect on pain. Recovered over next 2 years depressed mood recurred intermittently but no recurrence of motor symptoms
Hurwitz <sup>50</sup>	1989	23, F	Right arm tremor and weakness. Comorbid depression	4 years	Amytal, NS Methylphenidate, 0.5 mg/kg, (10)	Exploration + Suggestion + Rehabilitation	Reduction of tremor and weakness during the interview but no mention subsequent state
Stevens <sup>51</sup>	1990	25, M	Tetraplegia	Days	Lorazepam, 2 mg, (1)	Suggestion	Suggested during interview that on waking he would be able to move limbs, which subsequently occurred. Returned to work 3 days after discharge
Ellis <sup>52</sup>	1990	44, F	Quadriplegia	2 days	Diazepam, 3 mg, (1)	Rehabilitation + Suggestion	Participant able to move during interview. Told this proved she would recover her function. Next day function fully restored and psychiatric evaluation showed no comorbid psychiatric illness
Matas <sup>53</sup>	1991	46, F	Severe dysarthria	2 years	Amytal, NS, (1)	Exploration + Catharsis	Speech returned to normal during the interview. Admitted that daughter's impending wedding had reminded her of her own unhappy marriage that religious beliefs prohibited her from leaving
Sengupta et al <sup>54</sup>	1993	20s, M	Dissociative generalised amnesia	Days	Thiopentone, NS, (11)	Exploration + Suggestion	Able to recall some childhood memories but unable to remember after interview complete. Still no better at 6 months
Stiebel <sup>55</sup>	1994	27, M	Light conversion weakness and anaesthesia	Days	Amytal, <500 mg, (1)	Exploration	Did not admit to any conflicts/stressors. Later discussed role conflict with wife and symptoms resolved. No recurrence at 1 year
		19, M	Right leg paraesthesia and weakness	2 months	Amytal, <500 mg, (1)	Exploration	Admitted to conflicts. Symptoms resolved over next few days.
		20, M	Left leg weakness	NS	Amytal, <500 mg, (1)	Catharsis	No recurrence at 1 year Catharsis of grief over poor relationship with father. No recurrence at 1 year

(continued)



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Author	Year	Age, gender	Description of symptoms	Illness duration	Agent, dose, (abreactions, n)	Technique	Outcome
Kopelman <i>et al.</i> <sup>56</sup>	1994	42, F	Fugue and amnesia	16 months	Amytal, NS, (2)	Exploration	First interview revealed little useful information. Identity eventually discovered and procedure repeated. On that occasion affect-laden memories recalled and role conflict (violent husband and 3 children), revealed that during apparent amnesia she had written to one of her daughters claiming to have cervical cancer and left to spare family misery
Nicolson & Feinstein <sup>57</sup>	1994	35, M	Sensory loss and weakness in legs; NS decreased visual acuity; amnesia. Comorbid depression and multiple sclerosis	NS	Amytal, NS, (2)	NS	Inconsistent power and sensory loss in legs resolved during first interview, vision improved during second interview. No improvement in memory. Response transient. Outcome of depression not commented upon
Fochtmann <sup>58</sup>	1995	15, M	Psychogenic sneezing	6 days	Amytal, 600 mg, (1)	Exploration + Suggestion	Confided that day before onset a classmate threatened to kill him. Did not tell anyone, as thought would not be believed. Also domestic conflict. During interview the sneezing reduced and ceased completely after post-interview sleep
Graham & Thavatsoty <sup>59</sup>	1995	31, F	Dissociative psychosis	2 weeks	NS, (NS)	Exploration + Catharsis	Worsening of psychotic symptoms, increased distress when exploring conflicts/history
Bradley <i>et al.</i> <sup>60</sup>	1995	28, F	Tetraplegia	1 week	Amytal, NS, (1)	Exploration	Admitted to recent stressor and symptoms improved during interview but returned the following day with amnesia for interview. Reviewed videotape of interview and symptoms resolved
Fackler <i>et al.</i> <sup>61</sup>	1997	59, M	Conversion movement disorder, choreiform. Comorbid depressive disorder and codeine dependence	1 year	Amytal, 500 mg Midazolam, 5 mg, (3)	Exploration + Catharsis	Expressed guilt about relationship with children in first interview. Explored issues around parental loss. Movements gradually improved. 'Dramatic improvement' before discharge
		36, F	Non-epileptic seizures	8 months	Amytal, 500 mg, (3)	Exploration	Revealed guilt about past sexual relationships and difficulty acknowledging anger. 'Overall improvement in symptoms'
Al-Samirai <i>et al.</i> <sup>62</sup>	2001	53, F	Pallialia. Comorbid depression	1 day	Amytal, 100 mg, (2)	Catharsis	Symptoms improved during first interview but then relapsed. Improvement during second interview persisted
Ballew <i>et al.</i> <sup>63</sup>	2003	74, M	Dissociative amnesia	NS	Diazepam, 30 mg, (1)	Exploration	Full recovery of memory/identity. Maintained at follow-up but not stated how long that was
Ilechukwu & Henry <sup>64</sup>	2006	NS, F	Dissociative fugue	10 days	Lorazepam, 2 mg, (1)	Exploration + Suggestion	During interview able to recall personal details. Continued to improve during admission but still unable to recall events of fugue
		50s, M	Amnesia	NS	Midazolam, NS, (2)	Exploration	1 Able to recall some memories but became overly sedated so interview discontinued 2 More details recalled but not carried over into non-narcotic state

M, male; NS, not stated; F, female.