

Case History and Treatment of a Conversion Disorder

Tahira Yousaf*

Institute of Professional Psychology
Bahria University, Karachi Campus

Abstract

The aim of the present study is to describe the case study and treatment of severe functional impairment in a nineteen year old young female adolescent with conversion disorder. Treatment included an inpatient hospital admission using a brief psychodynamic approach with cognitive behavioral interventions along with family counseling. After psychological treatment significant improvement was found in the patient's physical and psychosocial functioning.

Keywords: Case study, conversion disorder, psychodynamic approach, cognitive behavioral intervention, family counseling

Conversion disorder is basically a psychological disturbance with physical manifestations. In DSM IV TR, (2000) conversion disorder is defined as the presence of neurological signs, without any organic disturbances, in which the person suffers from deficits of sensory or motor activity. After the complete medical examination, which includes a thorough neurological examination and different laboratory and radiographic diagnostic tests, there are no neurological deficits present for the symptoms. Furthermore, symptoms of an organic medical disorder or disturbance in normal neurological functioning present those are not referable to any medical or neurological cause (Roelofs, Van Gallen, Keyers, Hoogduim, 2002). Sigmund Freud identified these signs as hysteria which is basically a defense mechanism use a person in order to overcome his/her severe life stressors (Freud, 1962). Conversion symptoms can be considered as unconscious and cannot be explain as physical disorder.

The best explanation of conversion disorder was drawn from the psychoanalytical approach. Freud used the term conversion for the first time for repressed needs (Freud, 1962). He used catharsis as a therapeutic technique through which unconsciously subdued needs might become conscious. Freud used hypnosis and free association to uncover the intrapsychic conflicts. These conflicts are basically the needs of sexuality, aggression, or dependency against their expression (Kaplan, Sadock, Baltimore, Williams & Wilkins, 1995). In conversion disorder these unconscious needs manifest in the form of symbolic presentation.

The learning theory also explained the etiology of conversion disorder as the patient's belief to get the external benefits associated with assumption of the sick role. The basic aim of all behavioral approaches is to modify the relationship between behaviors and their consequences in a way that it becomes one of the greater benefit to the patient to give up the symptoms than to preserve them (Munford, 1978). Cognitive-behavioral therapy is also an effective treatment for unexplained medical illness and neurological symptoms ([Barsky & Ahern, 2004](#)). Family counseling is also beneficial for the treatment of conversion disorder especially where the dynamics associated with family issues (Moene, Landberg, & Hoogduin, 2000).

The treatment outcome of conversion disorder have been reported in different case studies (Lock & Giammona, 1999). Successful treatment of conversion disorder was found in

improving children's functioning through rehabilitation, behavioral techniques with combination of relaxation techniques and family therapy (Brazier & Vennin, 1977; Campo & Negrini, 2000; Lock & Giammona, 1999).

Cognitive behavior therapy, psychodynamic approach and family therapy found to be affective in the treatment of conversion disorder but successful rate was not defined (Whiting, Bagnall, Snowden, 2001) whereas hypnosis seems as not supportive in its treatment (Singh & Lee 1997).

Case History

Nazia (not her real name), was nineteen years old girl who was brought to the local hospital in psychiatric ward in mute condition where she was admitted immediately for treatment.

A night before her mute condition she was busy in the household chores till late at night. The next morning she developed the mute condition and for three days she did not talk nor did she have any food. When she was brought to the psychiatric ward, the doctors suggested ECT because the client had the same problem since last three years and almost after every fourth or fifth month she became mute and only after receiving ECT she could open her mouth to talk and eat.

Nazia was the eldest in the family and had three step sisters and three step brothers. Her real mother was died when she was just two years old. Her father got married again. She has the responsibility of all the household chores. Nazia wanted to study after class 5 but her mother did not allowed her.

She was in love with her cousin but her step mother did not like it. She used to meet her cousin at her aunt's place. When her mother came to know about her meetings with her cousin she had a severe fight with her. That was the day when had her first attack. She became unconscious and after that she became mute and could not open her mouth.

Ms. Nazia was admitted in a psychiatric ward and she was shown to several different doctors, neurologist and examined for all possible cause of her severe condition. She was stayed in this condition for three days and was being given nasal feeding. The Psychiatrist diagnosed her with a conversion disorder and ECT was the possible treatment for her

condition. The Psychiatrist at this time asked the psychologist to come and see the patient. The Psychologist visited Nazia and called her father.

Her father gave the entire history and after that her step mother was called by the psychologist separately, who gave her view of the whole thing. The step mother seemed to be over powered and authoritative woman and father as submissive. Her father was not happy with her position in the house and he also wished for her wedding. However her step mother did not want her wedding as Nazia had the responsibilities of the entire household.

Treatment

Therapeutic Techniques

Placebo effect

Psychologist visited Nazia after all the physical diseases had been ruled out. The psychologist spoke to Nazia saying that “I am a doctor and know your problem in its real sense that is occurring due to your step mother. I have already talked to her for your marriage and she has agreed with it. I know for sure that this is your main problem and this problem has been solved, now open your mouth and talk to me”.

The same instructions were repeated for five times and then the psychologist gave a glass of “holy” water as a chemical agent (placebo) to Nazia telling her to drink it and then she would be able to talk to the psychologist. After taking two sips of water Nazia slowly began to talk with the psychologist. Nazia informed that she wanted to get married to her cousin. She started talking without any ECT or medication for the first time. Nazia was discharged from the hospital but kept coming for psychotherapy along with her father and step mother for another three months.

Free Association

In initial sessions the psychologist explored the intra-psychic conflicts of Nazia through free association. It was found that these conflicts are usually derived from the needs of sexuality, aggression and internalized prohibitions against their expression. The psychologist also worked on the unacceptable impulses of Nazia out of conscious awareness while getting its expression in symbolic form.

Cognitive Restructuring

In further sessions the psychologist focused on cognitive behavior interventions and identified the negative cognitions of the client which lead her towards maladaptive behavior. The psychologist used cognitive restructuring in order to make the client's cognitions positive and act accordingly.

Family Counseling

Along with the aforementioned issues, family counseling was also focused upon. In this possible reasons of Nazia's problem were discussed with her father. The father was cooperative and accepted the responsibilities. Initially the father was suggested to motivate the client's step mother for counseling as she was reluctant but after few sessions she also accepted and tried to understand Nazia's needs.

Follow up

During the follow up of three years she is now married to her cousin and has a happy married life and has been blessed with a baby boy.

Conclusion

It is concluded that psychotherapy using a placebo as well as family counseling is effective in this case without other medical procedures like ECT and psychotropic drugs. Furthermore, it can be said that psychotherapy and family counseling is a helpful therapeutic choice for conversion disorders especially in adolescence. Therefore, conversion symptoms represent a common pathway for the expression of complex biopsychosocial events. The case of Nazia demonstrates the importance of psychoanalysis, cognitive behavior therapy and the role of family counseling.

References

- Barsky, A. J., & Ahern, D. K. (2004) Cognitive behavior therapy for hypochondriasis: A randomized controlled trial. *Journal of American Medical Association*, 291, 1464–1470.
- Brazier, D. K., & Venning, H. E. (1997). Conversion disorders in adolescents: A practical approach to rehabilitation. *British Journal of Rheumatology*, 36, 594-598.
- Campo, J. V., & Negrini, B. J. (2000). Case study: Negative reinforcement and behavioral management of conversion disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 787 -790.
- DSM IV TR. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington DC, USA: American Psychiatric Association.
- Freud, S. (1962). *The Neuropsychosis of defence*, 3. London, UK: Hogarth Press.

- Kaplan, H. I., Sadock, B. J., Baltimore, Williams & Wilkins. (1995). Somatoform disorders. *Comprehensive Textbook of Psychiatry*, 6, 1252-1258.
- Lock, J. & Giammona, A. (1999). Severe somatoform disorder in adolescence: A case series using a rehabilitation model for intervention. *Clinical Child Psychology and Psychiatry*, 4, 341-351.
- Moene, F. C., Landberg, E. H., & Hoogduin, K. A. (2000). Organic syndromes diagnosed as conversion disorder: Identification and frequency in a study of 85 patients. *Journal of Psychosomatic Research*, 49, 7-12.
- Munford, P. R. (1978). Conversion disorder. *Psychiatry Clin North America*, 1, 377-390.
- Roelofs, K., Van Gallen, G., Keyers, G., Hoogduin, C. (2002). Motor initiation and execution in patients with conversion paralysis. *Acta Psychologica*, 110, 21-34.
- Singh, S. P., Lee, A. S. (1997). Conversion disorders in Nottingham: Alive, but not kicking. *Journal of Psychosomatic Research*, 43, 425-30.
- Whiting, P., Bagnall, A. M., Snowden, A. J. (2001). Intervention for the treatment and management of chronic fatigue syndrome: a systematic review. *Journal of American Medical Association*, 286, 1360-8.