Conversion Disorder: An Interesting Case Report

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Abstract

Conversion disorder presents as a somatoform disorder where physical symptoms found as neurological causes either motor or sensory loss without any structural impairment due to psychological origin. It actually occurs functionally without any medical or physical cause. Any sense modality may be involved and reflexes remain intact. There might be associated primary and secondary gains which act as maintaining factor. Conversion disorder is two to three times more prevalent in young adult especially females. They are associated with stressors or conflicts which are perceived as unbearable. The symptoms generally reflect a means to avoid the stressors off in when solution cannot find by them. The case report presents a partial intervention involving one session.

Key words: Conversion, Depression, Primary gain, Secondary gain, Insight

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Introduction:

Conversion disorder(Functional Neurological Symptom Disorder) according to DSM-5, should have following criteria- (i) one or more symptoms of altered voluntary motor or sensory functions, (ii) clinical finding provide evidence of incompatibility between the symptoms and recognized neurological or medical condition, (iii) the symptoms or deficit is not better explained by another medical or mental disorder, (iv) the symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.[1]

So, conversion disorder is an illness characterized by unexplained voluntary motor or sensory deficits suggesting a medical condition. A psychological factor which may be stressors or conflict is determined to be responsible for the symptoms. The symptoms are not intentionally produced, are not caused by substance use, are not limited to pain or sexual symptoms, and the gain is primarily psychological and not social, monetary or legal.[2]

Onset is in usually early adulthood, common in women in low socioeconomic less well educated and rural population who has been exposed to combat situations.[3] Course is usually episodic, lasting months to years. Psychological stressors exacerbate the disorder. Patient improves significantly in individual insight oriented psychotherapy. Psycho-pharmacotherapy helps only in a drug responsive condition like depression.[4]

Case Report:

A 25-years old graduate married lady, mother of two daughters, husband living abroad, coming from rural area admitted with complaints of headache, dizziness, nausea, weakness, body pain, anorexia, often convulsion for prolong time for the last two years. She had visited many physicians, neurologist and neurosurgeon. She had done several repeated investigations like computed tomography, magnetic resonance imaging, took medication which could not improved her condition neither reveled any neurologic or general medical condition. Then she was referred to psychiatrist and admitted into hospital. She was accompanied by her mother and aunt.

Discussion:

On history and mental state examination she had a significant past history of stressors and emotional conflicts. The significant issue is all the way she presented

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with conversion symptoms at home and to doctors but underneath she had a emotional state of stress and conflicts which may lead to depression. Once she was hurt verbally and physically by her brother in childhood and later in teen she was in love with a young person which was forcefully forbidden by her mother. She was a sensitive lady with soft spoken. She was a graduate of honors in Bangla from local college; near by a district of Dhaka. She was good at education but could not continue after marriage. Her husband worked at abroad. She had two daughters age between 8 years and 1.5 years staying with mother and father in laws along with sister in law, brother in law at nearby her parent's home. But recently she stayed alone with her two kids separately a little far away from in-laws home for her elder daughter's schooling purposes. The most striking problem was she was carried to the doctors only by her mother alone. Her father who was a farmer neither member from in-laws family accompanied her. Though she had good relationship with them according to her mother, who was the informant. After one session of individual psychotherapy reassurance done. Partially rapport established, patient started crying to communicate. But due to overprotective mother she was carried out by her aunt back to home. The informant had no insight about mental illness. They did not want to take her to psychiatrist. The dilemma was it could be a mood disorder overwhelmed by conversion disorder. As she was physically hurt on childhood, emotionally turmoil due to teenage breakage of love affair, marriage and motherhood. The prognostic value might not good as mother was not supportive and hidden her mental illness as physical. Besides her developmental history was normal. Though her mother took her discharge order with request bond, she had given an antidepressant and mood stabilizer as for hidden history of mood fluctuations .But she need psychotherapy too for further session, which was incomplete. This was the actual scenario of conversion disorder and a diagnostic dilemma too.

Conclusion:

The insight oriented psychotherapy focused on the concepts of primary and secondary gain. Secondary gain implies a significant external benefit or avoidance of unwanted responsibilities from symptom. The primary gain is the relief obtained by the conversion of the mental distress generated by a hypothesized neurotic conflict into physical symptoms, thereby allowing the conflict to remain unconscious. Secondary gains are usually prominent in the conversion disorders but are also common in other psychiatric disorders. Here this case may represents in other psychiatric disorder and secondary gain remains due to social factor where her mother playing a major role. So, for this case she should mostly focus on cognitive therapy as well as antidepressants other medication too.The goal is to increase the patient's development of insight into psychological conflicts that, if unresolved, can manifest as symptomatic behaviour.

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