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### Psychological Management of Conversion Symptoms in a Clinically Depressed Patient

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#### KEYWORDS

Clinically depressed patient; psychological management

#### A B S T R A C T

A newly married female presented with short history of loss of memory about her identity, her past events and unable to identify her parent, husband and sibling. She was referred for psychiatric treatment after ruling out organic cause. This case was presented for the uniqueness of applying predominantly psychodynamic psychological treatment in such a complex symptom presentation for the aid of diagnosis and symptom resolution. This case also illustrates the various therapeutic techniques used as a part of psychological treatment.

#### Introduction

The psychodynamic therapy being the basic for most of the empirical psychotherapies, however it has been less focused in academics and used inefficiently in clinical settings due to the lack of empirical research due to its inherent theoretical construct. However it still holds well in clinical situations in discovering and resolution of the conflicts and physical symptoms which are predominant hypothesis of somatoform disorders. Reporting a case which was diagnosed and treated with the principles of psychodynamic therapy.

#### History of presenting illness

Mrs. A, 23 years old, newly married female, Bank Employee by occupation was brought

with one month history of decreased interest in her regular activity and being distanced from her family members, however she was regular to work until five days before the presentation. Since five days she was observed to be not communicating, if communicated she could not identify herself, tell her name, her relationship with her sibling, could not identify her parent, often she says "I don't know" for the most of the questions asked to her. She was able to eat on her own when given food, however she continued to behave as if she has forgotten all that she had learned before and would answer as if she is learning that word or the action for the first time. She was able to do regular activities like taking bath, going to toilet under supervision of the family. She was observed to be at times shaking of her right hand and difficult to

hold things in that hand. Her sleep was normal. No expression of suicidal ideas or psychotic symptoms. She was referred by neurologist after she was extensively investigated for any organic cause for her symptoms.

She was described by her family that pre-morbidly she was an obedient girl, disciplined, fearful if she failed to her families discipline, does not much socialize, good at studies and more attached to her father. She never had any past psychiatric history. Family reported that a month before she eloped from home and got married to a boy of different caste and creed. Family was shocked when she was not found and never had they felt that she has got married against her parents wish. However she was accepted by her family and she lived with her parents when her husband worked in a far off place.

Mrs. A was interviewed and during her Mental State Examination she was moderately built, dressed appropriately, she came to the consultation room by walking with the help of her mother, she appeared dazed, she behaved as if it was a strange place, and she sat on her own in the chair. Initially she was hesitant to answer to the questions, later when she answered; she said she does not know the name of her, could not tell her age, when asked her to guess her approximate age, she replied her age was 3 years lesser than her registered age, she could not tell the name of the company where she worked, however she said she was working, most of the time she was behaving like she was confused and smiled like a child. When she was asked to write her name she behaved as if it was an unknown skill being asked to exhibit and she said she does not know what it was. Predominantly the MSE was chaotic, motivating her to answer the questions. MSE could not be continued as she was

behaving as if she could not understand the component of psyche.

With the History and Mental state Examination, differential diagnosis was considered, first differential was psychogenic amnesia, considering the acute onset, global amnesia, second differential diagnosis was conversion symptoms as there was memory difficulty along with the motor movements of her right hand, third differential diagnosis was severe depression with conversion symptoms as there was a month history lack of interest and decreased communication.

### **Treatment**

Mrs. A was treated pharmacologically with antidepressant since there was a feature of depression in the history. A therapeutic relationship was established with the family. The patient was taken for therapy, rapport was established with the patient, by asking her to do paper and pencil work like asking her to copy few drawings, sentences from a newspaper. She was reflected empathetically about her symptoms and its implications on her quality of life, in spite of her behavior resembles like a child and dazed. During her second visit while the rapport was strengthened and was empathized, she behaved like out of blue a very normal conversation telling about her name, age, and duration of her marriage; however in few minutes she regressed back to her symptomatic state. The family was discussed about decreasing the reinforcement behaviors that was observed from history and in the therapy. The family was educated about the possible conflict in her and the symptom presentation, they were taken into confidence by allowing them to ventilate, empathized and reassurance reassured. A few normal conversation of the patient put the family in ease about the

diagnosis. The family was discussed about the Primary gain concept about her symptom as it was hypothesized that she may be in severe conflict as in her history she was socially ostracized by her relatives for eloping and she underwent abortion a month after her marriage. Secondary gain concept was discussed with the family, she recently became nuclear family and moved to another state, as her current symptoms precipitation happened after both herself and her husband had confrontation among themselves and husband threw a plate down in anger. During her first presentation to the clinic husband did not accompany her as he was away in another state for work. Family was discussed about symptom management by using differential reinforcement technique for symptom resolution and improving coping skill of the client and as well encouraging the client to resolve her conflict by talking it out instead of displacing her conflict on her body. The tertiary concept of material desire and avoiding obligation was not observed in this case.

By third week of therapy patient was more communicative, she was less amnesic and she revealed that she was in love with her husband and planned for marriage after getting consent of her parent and getting married in a socially acceptable manner. They both had plans about having one child and raising the child in a harmonious way. However she had to get married soon as she missed her menstrual periods and came to know about her pregnancy of one month duration. During that interview her history and mental state revealed depression. During the fourth week of therapy, by free association of her thoughts and feelings, she reported that her depression and anxiety worsened following the abortion, as a nurse told her about the foetus being soft and she saw mutilated right hand of the foetus.

During the fifth week of treatment her depression was better and behaved well oriented and normal memory most of the time, however she had tremors on her right hand occasionally. The patient had better insight and she has given a hypothesis that the social ostracisation, guilt of her aborting her precious and dream child and as a punishment for her guilt, was too anxiety provoking and she regressed to a childlike behavior to escape from the conflict and tremors of her hand was symbolic representation of her child. She was discussed about the development of fetus and it is scientifically impossible for anyone to see the hand of the fetus. When Patient came for the sixth visit, she was much improved with minimal tremors of the right hand and she did not have any amnesia. Patient dropped from follow up.

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