Conversion Reaction: Dynamic Formulation and Care

A Case Report and Discussion

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Psychiatric hospitals and units are normally viewed by the general public as something bizarre. But each person living in this world needs psychiatric counselling, be it professional or unprofessional, at one or the other stage of his life.

The case discussed here is that of Lavanya, 29-year old female, 4'6" in height, average built, fair in complexion, of village Rongpur. The history dates back when Lavanya was brought to the hospital by her husband and mother, few months back. (The identity of the patient is kept annonymous in the interest of the patient and family).

A. History and onset of the complaints:

Informant - (1) Husband, (2) Mother.

Lavanya had fits at night in her husband's presence, after his return from work, and remained unconscious for a couple of hours. A local doctor was called and an I/M injection was given. She regained conciousness, and apparently remained well till next day. For the next two consecutive days Lavanya's fits were repeated. The duration of unconciousness ranged from half an hour to 3 hours. Being asked the feeling of experience during the attack, Lavanya expressed that there was a peculiar experience of headache, with "excruciating pain" in the epigastric region.

Personal Data:

Lavanya was born in 1962, as a normal child, with normal milestones. She was active and social. No history of any marked illness was present. She attained menarch, at the age of 13 years, and married when she was 17 years old. She had a formal education till class VIII.

Social Interactions:

Lavanya being a mild natured girl was well adjusted to her family and friends. She spent her recreation time with her friends.

Family History:

Lavanya's father was a shopkeeper, having education upto middle school. Her mother, an illiterate woman, is a housewife.

Siblings:

Five in number. Lavanya being 3rd in the heirarchy.

Interpersonal Relationship in the family:

Lavanya has two male and one female child,normal and healthy. The husband is a petty businessman. He is understanding, and loves his family. Besides, her mother-in-law is living with the family, the father-in-law died a couple of months ago. The relationship between the parents'-in-laws was not congenial. Lavanya loves her family, and discusses all the family problems with her husband.

Dynamic Formulation

Anxiety:

During the number of interviews that were held with Lavanya, she expressed her feelings that were mounting since her marriage. She disliked her mother-in-law due to her intimidating nature, though by nature the mother-in-law had a nagging habit, Lavanya felt that it was directed towards her. This could be because Lavanya had to spend a lot of time with her mother-in-law when all others left for their respective school and jobs.

Dynamics:

Anxiety may be described as a painful uneasiness of mind, a state of heightened tension accompanied by a repressible dread, a feeling of apprehension. It may arise with any situation that contributes a threat to the personality. Anxiety may arise when self requirements and security of personality are threatened by the danger of a broken down repression of forbidden sexual desires of dilemma occuring in some major life problems, related to marital adjustment.

Since her marriage, 15 years back, Lavanya was subjected to an environment which was different from her home environment. From a loving and caring mother to a nagging mother-in-law. Lavanya tolerated the new atmosphere as any daughter-in-law would do in the Indian setting, which is bound by the culture and tradition that a daughter-in-law should be submissive, tolerant and selfeffacing.

Lavanya was unable to express her fear, dislike and growing hostility towards her mother-in-law, to any one. She did not want to disturb her own parents about it, compromising, that as a married women now, she need not bother her own parents.

Threat:

On the day of the onset of the problem,

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Lavanya had an argument with her mother-in-law. It was like any other day, except that the father-in-law had died a couple of months ago. Lavanya's husband expressed feeling of sickness over the persisting unhealthy environment at home and threatened to leave the home and family if these arguments do not stop.

Dynamics:

If the situation is one in which a relatively healthy personality succumbs to unusual and extreme environmental stress, he develops neurotic behaviour. This is called traumatic neurosis. Most psychogenic theories of conversion reaction go back to the concepts and conflicts and of repression. According to Freud the wish or other repressed material, although not permitted, frank expression abstains release in disguised form through mechanism of conversion, by which the psychic conflict is transformed into a physical symptom. the symptoms caused by a conflict between Id and superego, and some which because of their conciously objectionable value are repressed by the super ego. This repression is not however entirely successful and the wish therefore obtains a disguised expresion by its conversion or transformation of symptoms. At the same time it gives relief to emotional conflict and same degree of fulfilment. In conversion, impulses and maladjusted repressed elements in the personality, highly charged with emotion, are production of anxiety. The anxiety is then mitigated or dispelled by being converted into functional symptoms, thereby the client can alleviate the anxiety and at the same time yield a secondary gain that enables her to escape from extreme unpleasant situations.

Lavanya was already under stress, due to the constant nagging by her mother-in-law, which she could not get used to even after 15 years of marriage. In addition, she had always considered her mother-in-law a threat, which grew worse after the death of her father-in-law.

On the day of the attack there existed two extreme variables, viz, the absence of father-in-law, who was a constant support to her, and her husband, threatening to leave the home and family if the arguments between the women continued.

As a process of adjustment, ego strives to maintain a series of working compromises between the forces of Id and super ego and the environment is increased beyond certain limits, in the intensity of the forces on the decreased ego strength, resulting in functional illness.

As a well adjusted and socially active person, Lavanya's ego is average to good. As a normal adult she learnt to tolerate her mother-in-law's abuses and behaviour towards her in spite of her hatred and dislike towards it. She was unable to disclose her problems, because of her sense of responsibility and respect towards her in-laws, home and its social standing. The death of her father-in-law gave her a feeling of insecurity and her husband's threat to leave home became stressor. This stressor overthrew her repression which controlled anxiety, and converted it into functional symptoms.

Complaints of Headache and Epigastric pain:

Lavanya presented usual symptoms with exaggerated epigastric pain, with relatively minor physical disturbance.

It was observed that while she is in conversation with the medical staff she complains of 'headache', which she describes as 'terrible'. Further it was observed, that when Lavanya was asked to tidy up her bed and locker, she complains of discomfort and headache.

Primary and Secondary gain:

Alleviation of anxiety and partial gratification of impulses are sometimes grouped together and referred to as the 'primary gain' of neurotic illness. It is called 'primary' because these advantages accrue to the patient as a direct and immediate result of symptom and are more or less independent of further responses from the environment. However, Lavanya was unaware of the primary gain. Her fits were preceded by a headache. In the process of remaining unconcious for 3-4 hours, she did not gain anything initially.

Sometimes additional advantages come to the patient as a result of the way the environment responds to the symptoms. In course of time, the same element of 'secondary gain' enters the picture of many psychoneurosis clients. A large number of patients seek and obtain extra attention from the nurses and the doctors through conspicuous symptoms. It is simpler and far more obvious than primary gain.

Lavanya was given care, attended to and given the feeling of belongingness by the hospital staff. She became aware of it, and refused to go home during the week end when permission was given to her. Later she refused to talk of her discharge from the hospital. This varifies her development of secondary gain.

Prognosis and Assessment:

Lavanya was admitted into the hospital with the complaints of fits leading to unconciousness, preceded by headache and epigastric pain. Her prognosis during the hospital stay was average to good. Considering Lavanya's condition of developing a secondary gain, and the husband's request for an early discharge, she was released from the hospital. It may be stated that a psychoneurotic symptom never arises on the basis of secondary gain features, since it involves the conflict of unconcious motivations. Hence, once a symptom arises, a secondary gain may interfere with the patient's wish to recover and thus actually delay recovery.

CARE FORMULATION

Manifestation	Goals	Intervention	Manifestation	Goals	Intervention
1. Anxiety	**Short Term** - To develop a good IPR to help her venting out feelings - Help her to release anxiety. **Long Term** - Help her accepting conditions at home. - To adjust herself to conditions. - Assist her to learn healthier mechanism to handle her anxiety.	- Accept her as she is; - Talking with her everyday for at least 1 to 1 1/2 hrs to develop a good IPR. - Intermittent questioning to penetrate the depth of her problem. - Encourage her to express her feelings around the area which cause anxiety. **Rationale** : Verbalisation relieves anxiety creating an atomospher where she could ventilate her feeling. At times prompting her to talk on matters which is felt she is trying to avoid. (Lavanya was found to stammer, or showed gestures like wiping her eyebrows repeatedly while talking on certain matters. The author felt, she was trying to avoid those). - Putting direct questions in order to let her know that matters are no longer secret.		- To emphathize and help her adjust herself to the given conditions.	-Making Lavanya realize cause of disease condition, and facts were placed in front of her. - She was supported with warmth throughout her condition, so that she realizes the nearness of the author, and later to confide her own feelings. - Periodically examples of other cases were set.
			Threat or fear of husband leaving home.	**Short Term** Re- assurance **Long Term** -Placing facts of the duties of husband and wife. - Educating on developmental tasks.	- Reassurance was given pointing out the facts that the husband brought her to thr hospital, and was constantly with her, shows that he cared for his home and family, and does not intend to leave home. - The developmental tasks of adjusting to the home, in-laws and spouse was described and and explained.
			Secondary Gains	**Short Term** - Make her realize her stay in the hospital to be temporary. **Long Term** - Make her realize that Secondary gain will not help her to recover. She has to to be independent. - Help her to develop insight into her problem.	- Initially less attention was paid and relatives also were instructed to do so. Her short fits (Later on) were observed but not ignored. -She was asked to make her own bed, and take care of her belongings, making her realize she cannot depend on the hospital staff for everything. Since her stay in the hospital is temporary, she should realize that in reality her life is at home with her family. - She was given constant supportive psycho- be able to handle her own problems, as well as to look after her children effectively.
Complaints of head Preceding hysterical fits leading to unconcious- 1 hr to 2 hrs).	**Short Term** - To relieve her headeche and make her realize the cause of it. - To take care of her during unconciousness. **Long Term** - Help her realize the cause of her condition.	The physical symptoms are conversion of anxiety, therefore placebo therapy was given. (1) Tab. B. Complex I B.D.P.C. (2) Inj. D/W I C.C. O.D.I/m - During the fits, care was given to avoid the biting of tongue, and free airway was maintained. - Relatives were sent out immediately. Vital signs and pupil reaction was observed.			

Evaluation:

Relief of Anxiety:

During the later part of her hospital stay, Lavanya seemed to have coped a lot with herself. She had plenty of scope to vent her feelings and emotions. She was observed to have looked forward, to taking part in the indoor games like Ludoo, and Carrom, and enjoyed them. She began to look after her personal hygiene. She talked with her husband for long hours, and even asked about her children, and their welfare.

During her two weeks of hospital stay Lavanya's condition can be summerized thus:

1st Week	2nd Week
Complain of headache present almost almost any time when she was approached to talk on her own problems, as well as preceding fits; Fits existed twice a day; Duration of unconciousness followed by fits: .15 to 20 min;	No complain of headache during discussion and talks, as well as during play therapy; No fits existed 4 days prior to discharge.

However, it may be mentioned that Lavanya was placed on placebo therapy.

Fear of Threat and Husband leaving home:

Lavanya was helped to develop insight into her own problem. She was made to realize that her husband did not intend to leave home, the fact that he attended her in the hospital everyday showed that he cared for her.

Secondary gains:

Lavanya developed secondary gain, due to the overwhelming attention she received from the hospital staff (Nurses).

With a good understanding of the psychodynamics of the Conversion Reaction case, a sound nursing care can be provided, charged with empathy and interest, and facilitate recovery of the patient.

Bibliography:

Coleman, J.C. (1975) "Abnormal Psychology and Modern Life". Taraporewala Sons and Company, Bombay.

Hofling, C.K. and Leninger, M.M. (1976) "Basic Psychiatric Concepts of Nursing", 2nd edn., Pitman Medical Publishing Company, London.

Kolb, L.C. (1963) "Modern Clinical Psychiatry", 7th edn. Oxford and IBH Publishing Company, Calcutta.