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Case Report

Psycho-flexed Hand Associated with Conversion Reaction: A Case Report

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Abstract
Conversion disorder is an illness which manifests itself as Pseudoneurologic syndromes that hides an emotional conflict. This disorder covers 5 to 15 percent of the psychiatric consultations. In this case report, a young Iranian woman who was referred due to flexion contracture of the left wrist and inability to open her hand voluntarily is presented. During the course of therapy, some evidences in favor of existence of a significant emotional conflict were detected. Through hypnosis she was able to open her hand for a while, however after a few days it was returned to the previous position. It seems a more sophisticated approach that uncovers and resolves her intrapsychic conflicts should be recruited for successful treatment.
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Keywords ● Conversion disorder ● psycho-flexed hand ● hypnosis

Introduction

Conversion disorder is a disturbance of bodily functioning that does not conform to current concept of anatomy and physiology of the central or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. Diagnosis and Statistical Manual of Mental Disorders-Fourth Edition-Text Revision (DSM-IV-TR) criteria defines conversion disorders characterized by the presence of one or more neurological symptoms such as paralysis, blindness, etc. that are not explained by known neurological or medical disorders. It gives a range from as low as 11 to as high as 500 cases per 100,000 populations and male to female ratio of 2/1.[1] This condition suggests a particular set of patient-perception their illness experiences and the style of causal attribution that may influence the diagnostic recognition and illness behaviors.[2] According to the psychoanalytic theory conversion disorder is caused by repression of unconscious intrapsychic conflict and conversion of anxiety into a physical symptom.[3]

The conflict exists between instinctual impulse (e.g., aggression, sexuality, etc.) and the prohibition against its expression.[4] Current neurobiological models of posttraumatic stress symptoms emphasize the influence of a combination of early and subsequent stressful events in predicting later onset psychopathology. This may be applicable to conversion disorder as well.[4] Once the true medical disorder is excluded the patients with conversion symptoms will have a good prognosis to the extent that one half of all patients admitted to a general hospital with conversion symptoms are discharged without any symptom,[5] whereas, the rest may require extensive

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counseling to address the stressor or trauma that has precipitated their symptoms.[6] Resistant cases may benefit from narcoanalysis or hypnosis.[7]

At least two typical postures of the hand are associated with psychiatric disorders. The first psycho-flexed hand is described as one in which the digits are severely flexed and contracted and often causing maceration in the palm.[8] The second posture is psycho extended hand, in which the digits are held in rigid hyperextension.[9]

Rajmuhan and his colleagues have reported a case of camptocormia, a condition characterized by severe frontal flexion of the spinal cord and knee, with two years duration in an Indian adolescent girl.[10] In eastern cultures, including Iran, emotional expression is mainly prohibited and indirectly manifested via somatic routes. We are faced with such manifestations in daily practice. People who are not able to (or do not want to) talk about their emotional stories; frequently complain of bodily symptoms, which have a symbolic relationship with their conflicts.

Case Report

A 23-year-old, single woman was referred to our clinic. She had flexion contractures of left wrist without palmar maceration. Her left wrist was totally bended over her forearm in the U-shape type (Fig 1). She had maintained her hand at this position for six months. She had been evaluated by different orthopedists with report of no organic cause for her problem.

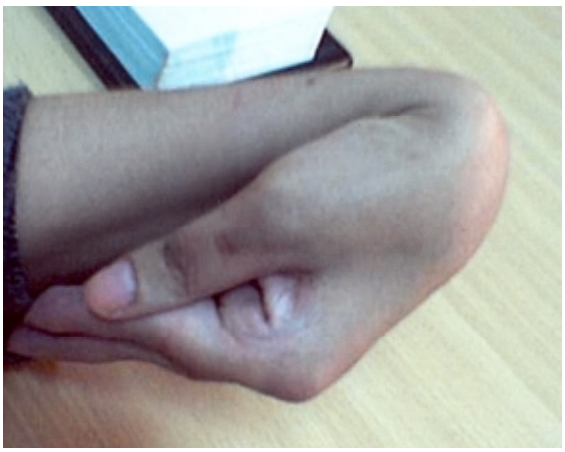

Fig 1: The U shape of the left wrist.

When she came to our clinic, she looked depressed with little eye to eye contact. She was hostile and had evasive attitude combined with a pessimistic view about her future. She was talking about a car accident that had happend two years ago during which she had seen driver's wrist being cut down awfully at the accident. She also mentioned that her fiancée dead in a car accident few months after that car accident. She was expressing remarkable guilts about these two accidents.

She was admitted to the psychiatry ward and her wrist was casted at normal position. Shortly after removing the cast her hand returned back to its previous position, whereas, after three sessions of hypnosis technique her flexed han returned backed to normal position (Fig 2).

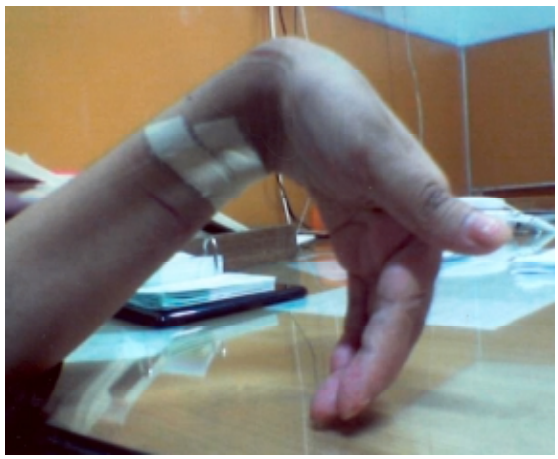

Fig 2: The Position of the left hand aftter hypnosis.

However, her left wrist returned to its illness position few weeks after using hypnosis. She was mentionong when her wrist was in the normal position, she did not have good feeling. For this reson she was blaming the staff and physicians for not being able to cure her.

Discussion

The symptom information of conversion disorder that has been gathered from various sources are not accurate and inclusive. Furthermore, symptoms of conversion disorder may vary on an individual basis for each patient. According to psychoanalytic theory conversion disorder is more common in societies that emotional presentation is inhibited and psychological conflicts are not resolved.[3]

In our case report, the patient's could not participate in the mourning process of her fiancée. Moreover, her family did not allow her to visit her fiancée's grave. She also claimed that her close friends were lost in an awful car accident. For these events she was willing to be punished and her deformity was a price that she had to pay for her sins. Therefore, her symptoms severed as a protector for not hurting herself and committing suicide.

Reports have indicated that the symptoms of most patients with conversion disorder, resolve after a few days mostly less than a month.[5] In

the cases with longer period, we should look for a significant unresolved emotional conflict via insight oriented psychotherapy. Our patient was resistant to hypnosis and the cause of this resistance was her unresolved conflicts similar to waht was reported previously.[10] Our patient's response to supportive psychotherapy and hypnosis was mild, however, in such cases more aggressive therapies like insight oriented psychotherapy are required to address deeper unresolved intrapsychic conflicts.

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