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Letter to the editor

Hysteria revisited

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The term 'hysteria' has been dropped from the current nosology and renamed dissociative (conversion) disorder in the ICD-10 (WHO, 1992). The prevalence is declining globally, more so in developed countries and is estimated to vary from 1 to 30% in various military and neurological hospitals (Mace and Tremble, 1991). It is a poorly understood entity with diverse and interesting manifestations. We report a unique and rare case where 'hysteria' manifested in nearly all of its rare forms.

Mrs AAA, a 21 year-old Malay female from a conservative family background married against her parents' wishes. The parents disowned her and the problem started on the fifth day of marriage with possession attacks; 'fits'; selective forgetfulness; episodic blindness, muteness, deafness and wandering around in a trance-like state. The patient during these 'possession attacks' would shout at her in-laws impersonating her mother's voice asking them to send her back home. The 'fits' followed and were characterized by either flexion of one or both arms or internal rotation of the hip. The attacks were non-stereotyped, and bizarre at times lasting minutes to hours, in the presence of people and following some stressful events at home. She claimed amnesia of her frequent fights with her husband and also of episodes wherein she looked 'dreamy' and claimed seeing and hearing her parents. In the course of her illness, she developed episodic attacks of blindness, muteness and deafness. These deficits never interfered with her day to day functioning. Her "aimless wandering" adds to this wherein she would walk out of the house, wander around a perimeter of approximately 200 meters with total amnesia of the whole episode. There was no history suggestive of epilepsy, organic brain syndrome, drug abuse or any motive for compensation. Mental Status Examination did not reveal any abnormality and physical examination was normal. A diagnosis of mixed dissociative (conversion) disorder was made and treatment started. The immediate management consisted of explaining the nature of illness to the patient as well as the relatives differentially, cutting down the secondary gain, differential reinforcement, environmental manipulation and distracting principles either to prevent or abort an attack. The long-term management constituted individual insight orientated psychotherapy. The patient was under regular follow up and after three months was found to be completely asymptomatic.

The cardinal features of dissociative (conversion) syndrome are partial or complete loss of normal integration, impairment of past memory, identity awareness, immediate sensation and body control with intact immediate attention and movement (WHO, 1992) and is dynamically conceptualized as a symbolic manifestation of an inner unresolved conflict. Marsden (1986) found the most common presentation to be paralysis followed by pseudoseizure, blindness and amnesia where as in Trimble's (1981) series, motor symptom was the most common followed by pains, pseudoseizure and relatively rare were visual disturbances and amnesia. The overall consensus is that visual disturbance or blindness, amnesia, fugue and trance states are rare to occur and more so in combination in a particular case. Our case reflects this unique rarity of presentation. The patient developed dissociative amnesia, fugue, trance and possession disorders, motor disorder, convulsions, sensory loss and also multimodal hallucination (WHO, 1992). Dynamically, the "approach-avoidance" conflict in this case although was apparently between getting married to someone of her own choice and abandoning him because of parents disapproval, in reality, the conflict was whether she was right in her choice of a husband. She could not resolve this conflict and the ambivalent marriage precipitated her "flight into sickness". Prognostically 50 to 90% of conversion symptoms recover completely within a short period and about 25% of the cases relapse in one to six years time but the exact outcome of dissociative symptoms is unknown (Barsky, 1989).

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