Tr. J. of Medical Sciences
28 (1998) 419-421

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Paradoxical therapy in conversion disorder

Received: July 07, 1997

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Abstract: Paradoxical therapy consists of suggesting that the patient intentionally engages in the unwanted behaviour, such as performing complusive ritual or bringing on a conversion attack. In this study paradoxical intention (PI) was used with to half of the patients with conversion disorders, while the other half were treated with diazepam in order to examine the efficiency of the PI versus diazepam in conversion disorder.

Patients treated with PI appeared to have a greater improvement rate for anxiety scores ($z=2.43$, $p<0.0015$) and conversion symptoms ($t=2.27$, $p=0.034$) than those treated with anxiolytics.

Key Words: Paradoxical intention, conversion, anxiolytics.

Introduction

Paradoxical intention (PI) is a technique that was described and developed by Frankl (1) originally in the context of logotherapy. It can be defined as those interventions in which the therapist apparently promotes the worsening of problems rather than their removal (2).

Over the last decade, PI has become a popular technique used by a variety of therapists who have incorporated it into their existing clinical practice.

As Haim Omer said, "if there is a negative relationship between the patient's infention and his resulting behaviour, then PI is the best choice of therapy" (3).

Behavioral researchers have reported a number of case studies supporting the efficacy of PI in the treatment of emotional, behavioural and psychiatric problems.

The paradoxical approach has been reported to be successful with symptoms such as obsessive behaviour and thinking, insomnia, migranie headaches, anorexia nervosa, phobic neurosis and psyhotic states (4-9).

However, despite the widespread use of PI therapy with anxiety-related problems, we have not found any report on conversion disorder.

There are many different techniques in PI therapy. Perhaps the most common and best known of these is symptom prescription (3). It is applied as a positive and negative intervention. In the positive intervention, the patient is advised or instructed to continue or increase the symptoms and associated behaviours. For an anxious patient, the instruction may take the form "I want you to try to have very severe anxiety attacks". In this study, PI was applied to half of the patients with conversion disorders, while the other half were treated with diazepam in order to examine the efficacy of paradoxical intention and anxiolytic in conversion disorder.

Materials and Method

Thirty patients (29 women and one man) diagnosed with conversion disorder according to DSM-IV-R criteria (10), having no othe illnesses but complaining of losing consciousness especially after negative and unpleasant events, falling down but avoiding any injury with or without muscle counteractions for minutes or for hours, and regaining their previous conscious state in an emotional crises were included in our study. They were randomly divided into two groups treated with PI and diazepam respectively.

Of the patients in the anxiolytic-treated group, 3 were illiterate, 11 had graduated from primary scool and 1 from high school, their mean age was 27.

P1 group consisted of 5 illiterate and 10 primary scholl graduates. The patients' mean aqe was 23.

Patients had conversion disorder in a mean duration

Table 1. The difference of anxiety scores in both groups

	Before treatment anxiety scor	After treatment anxiety scor	Wilcoxon Matched-pairs test	The difference of anxiety scores in before and after treatment
Drug (n=15)	25.60±4.27	18.20±3.47	z=3.24,p=0.0012	7.27±4.56
P.I (n=15)	27.60±5.00	14.47±5.36	z=3.41,p=0.0007	13.13±5.67
Mann-Whitney U test	z=1.08,p=0.28			z=2.43,p=0.015

of 42 days (mean 34 days for the PI, 48 days for the diazepam-treated group.

None had used any medication within the previous month. The paradoxical intention group consisted of inpatients. The other group consisted of outpatients treated with anxiolytic in a dosage of 5-15mg diazepam.

All patients were assessed, using the Hamilton Rating Scale for anxiety (HRSA), and the anxiety scores from both groups were measured before and after treatment, which was planned for six weeks, and the changes in the scores were analyzed. Patients treated with anxiolytics were offered appointments at the days 10, 20, 30 and 45 of treatment to review their progress, to reinforce the use of anxiolytic, and to regulate the dosage.

At the end of the treatment period, patients treated with anxiolytic were assessed for anxiety and conversion symptoms.

The PI programme was fully explained to the patients in the PI group, and the relationship between anxiety and conversion disorder was discussed.

Fifteen patients in the paradoxical intention group were divided into 3 groups, each group having 5 patients.

In the PI group, patients were told that their PI should be sustained as long as possible (at least 5 minutes) in an anxious stituation related to their symptoms.

Patients were then asked to imagine themselves in that anxious situation and to enter a fearful situation with the intention of becoming anxious and conversive.

In conclusion, we helped the patients to reexperience their specific traumatic events and encouraged them to try to have conversion attacks.

PI was applied to each patient, during the three-week period twice a day.

At the end of the three-weeks period, patients treated with PI went their home. We invited the patients to visit us three weeks later, and changes in clinical anxiety scores and conversion were assessed.

Statistical analysis: The anxiety scores at the baseline of the two groups were compared using the Mann-Whitney U test the differences in anxiety scores between the groups from baseline to end were compared using the Wilcoxon matched-pairs test. At the end of the study, the differences of anxiety scores of the two groups were compared to each other using Mann-Whitney U test. The recovery proportion of patients from conversion disorder was assessed and the results were analysed by t test.

Results

In both groups the differences of the anxiety scores at the begining of the study were not found to be significant (z=1.08, p=0.28).

The scores of the HRSA at the beginnig of the study were decreased significantly at the end of the treatment in both groups (z=3.24, p=0.0012, z=3.41, p=0.0007).

In both groups, the differences in anxiety scores found at the end of the study were compared, and the decrease in anxiety scores were found to be more significant in the PI group than in the anxiolytic group (z=2.43, p=0.015) (Table 1).

Of the 15 patients who completed PI treatment, 14 (93.3%) responded to PI at the end of the 3-weeks therapy. One patient did not respond to the PI. Of the 15 patients who completed anxiolytic therapy, 9 /60%) responded to therapy end 6 patients continued having conversion symptoms at the and of the 6 weeks. In the PI group the recovery rate was significantly higher than it the anxiolytic group (t=2.27, p=0.034).

Discussion

According to pyschoanalytic theory, conversion disorder is caused by the repression of unconscious psychological conflict and the conversion of the anxiety into a physical symptom which is not under voluntary control.

This psychoanalytic description of conversion disorder has been fitted to this application criteria of paradoxical approaches, as Rohrbaugh et al., said “where opposition is low and symtoms are seen by the patient as outside of control” (11). In conversion disorder, there is not patient’s opposition to symptoms, and symptoms are outside of the patient control.

In this study, although PI was shown to be more effective than anxiolytic, which is accepted to be a medical intervention at the treatment of conversion disorder, it is not easy to do an explanation of varying rates of improvement between the two treatment groups. This may be related to many factors. For instance, patients treated with anxiolytics were not hospitalized. They liwed in their previous environments. This situation may provide a perpetuity of a symptom-context relationship and secondary gain which refers advantages and benefits to patients as a result of their becoming sick.

Also, the efficiency of PI may be related to our paradoxical method.

For example, because patients were asked to behave symptomatically in unusual surroundings, the relationship between context and symptom disappeared. Also, the symptom lost its surrounding support and secondary gain.

Patients saw their own symtoms in other patiens; this provided them with an insight into their illnesses. After 3 to 4 days, some of the patients had acquired a humorous view to their own conversion. When we asked "Why don't you have the conversion" some of them answered like this "I see my conversion funny".

As we encouraged the patients frequently to try to have very severe conversion attacks releated to the reexperience of a specific traumatic event (at least twice a day, in the morning and evening), patients may have been acquired desensitivity to their anxiety-related problems and satisfaction its symptom, and this may bring about a change of attitude towards the symptom which enables the patients to place themselves at a distance from the symptom.

In fact, when paradoxical intention is used, the purpose is to enable the patient to develop a sense of detachment towards his neurosis by laughing at it, to put it simply. A statement somewhat consistent with this is found in Gordon Allport's book; "The neurotic who learns to laugh at himself may be on the way to self-management, perhaps to cure" (12). Paradoxical intention is the clinical application of Allport's statement.

Although we did not investigate the efficiency of PI and diazepam in the same environment, which is very important to the some conversion patients, the results of the present study are encouraging that PI can be effective in the treatment of conversion disorder.

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