

CASE REPORT

The use of Hypnosis in the Treatment of Color Blindness Associated to Conversion Disorder: A Case Report

Oscar Medina Ortiz, M.D., Ph.D., Nora Sánchez-Mora, M.D., Ph.D.,
and Grecia Rojas, M.D.

Conversion disorder is characterized by the loss of one or several neurological functions, with no apparent organic cause. With this etiology, vision may be compromised in up to 5% of the patients in ophthalmologic emergencies. Hypnosis is a suggestion technique that has been used for years in the treatment of conversion disorder with positive results. Reported here is the case of a patient with color blindness whose evolution was satisfactory after 24 hours of one hypnosis session. (**Sleep and Hypnosis 2012;14(1-2):2-31**)

Key words: Conversion disorder, hysteria, blindness, hypnosis

INTRODUCTION

Patients with conversion disorder present loss or diminution of one or several neurological functions, with no apparent organic cause (1). Their symptoms cannot be explained by a physical illness, which causes anxiety and difficulty to perform tasks (2). These symptoms represent between 1 and 4% of diagnoses in General Hospitals (3). A retrospective study carried out at the National Hospital for Neurology and Neurosurgery, London, between 1955 and 1975 revealed that 0.85% to 1.55% of patients showed conversion of functional symptoms (4). Similar results were found at the Charing Cross Hospital between

1977 and 1987 (5), with 3.8% of conversion disorders in 7,836 patients. Another study found that the proportion of conversion disorders in 1920 was similar to the one in 1980, which meant that prevalence had not varied in the course of time (6).

One of the sensory alterations that can be present in conversion disorder is sight loss, with up to 5% of patients in ophthalmology clinics. It is characterized by the diminution or total loss of visual acuity with or without alteration in the visual field (7,8). Although the published cases of conversion blindness are few, it is possible to find in the literature some descriptions, mostly of women (9–18).

The following is a case of a patient with color blindness associated to conversion disorder in San Cristobal, Venezuela, who responded to a treatment of hypnosis and suggestion techniques. Informed consent was given by the patient and the publication was approved by the Ethics Committee of the College of Medicine at the University of Los Andes, Tachira Campus.

Address reprint requests to: Prof. Oscar Medina Ortiz. Avenida Universidad. Universidad de Los Andes. Facultad de Medicina, 2° Piso. Laboratorio de Psicología de la Salud, Psiquiatría y Medicina del Sueño. San Cristóbal 5001. Venezuela.
Phone: 58+276+340 5109 / Fax: 58+276+356 1350
E-mail: oscarmedina61@yahoo.es

Accepted August 5, 2012

CASE REPORT

A 28-year-old male patient—an unmarried engineer—is admitted to the emergency room at a private clinic in March 2011 with precordial pain, dizziness and dysnea. While being examined by the physician, the patient loses consciousness. Eventually he wakes up and reports total sight loss. A diazepam injection is administered to sedate the patient for one hour. After awakening, there is sight recovery, but without color perception. Once the ophthalmologist finishes the examination, a psychiatrist is called.

The psychiatrist carries out a room interview. The patient is lying in bed, staring at the ceiling, and makes no eye contact with the interviewer; however, he shows willingness to collaborate and eagerness to tell his story. He corroborates his color blindness, but asserts that this fact does not worry or bother him. He narrates his story in detail. No psychotic symptoms are present. He affirms to be a nervous, eager, and hardworking person, who has not taken a vacation in two years and who is in charge of a telecommunications company. Not long ago he had broken up with his girlfriend, which he says was best for the two of them. No other important information is given.

His relatives describe him as a self-demanding person at work, responsible and eager, who has been orderly and strict since childhood. He is also concerned about illnesses, reads a great deal about them on the internet and takes care of his own health. No family medical history was reported.

THERAPEUTIC INTERVENTION

Relaxation therapy with suggestion and hypnosis was used. The technique started with an explanation of the procedures to the patient, who was told that his collaboration was necessary. He was asked to concentrate on his right arm and hand and use his imagination (19,20). The first order was to relax his right hand, then his right arm, and finally relax

completely. Hypnotic induction was initiated through the visualization of a door that opens to a staircase leading down to the beach. As the patient descends each stair, he will become more relaxed and go deeper into the hypnotic state, unable to control his muscles or open his eyes, even if wanted. Through this technique more collaboration for the suggestion was gotten from the patient and it was possible to evaluate its progress. Once the state of suggestibility was reached, the patient was told that soon his eyes would recover and see colors again. The posthypnotic order was that his eyes would heal overnight so when he opened them in the morning, they would be back to normal. The process lasted 90 minutes in a quiet atmosphere, without interruptions or companions.

The day after, the patient was asymptomatic, had recovered vision completely, was able to see colors, and was ready to go. He was discharged at noon.

DISCUSSION

Different studies have reported on the efficacy of hypnotic technique to control conversion symptoms (9,18,21,22). The first documented therapeutic application of hypnosis was the one used by the surgeon Jules Germain Cloquet in 1829 to anaesthetize a patient in the extirpation of a mamma (23). Subsequent cases have been published with a special focus on conversion disorders and, in the case of sight, for total or partial blindness.

Recently, Laria et al. (10), published the case of conversion blindness in a 9-year-old girl who was treated with psychotherapy for 6 months until she fully recovered her vision. Ziegler and Schlemmer (12), report on the case of three family members with conversion blindness, who got better with the use of suggestion.

On the other hand, Singhal (9), presents the case of a woman with conversion blindness who recovered in a period of days with placebo. The author also reports on a woman who displayed peculiar behaviors such as wearing sunglasses

even at night and whose brother became her assistant and parents give her more care. This case shows some similarities with the one reported here with regard to the care gotten by the patient from his family and friends, or even from his ex girlfriend, who came back to give him her appreciation and assistance.

To the authors' knowledge, only one case has been published of color blindness, which occurred in 1972 (17). No case of recovery in

24 hours following one hypnosis session has been found.

CONCLUSION

In the case discussed here the efficacy of hypnosis in the treatment of the pathology was evident. Including basic training in relaxation and hypnosis techniques for psychiatry residents might be proposed in some hospitals.

REFERENCES

1. *Diagnostic and statistical manual of mental disorders DSM-IV*. 4th ed. Washington (DC), American Psychiatric Association, 1994.
2. Merskey H: *The analysis of hysteria: understanding conversion and dissociation*. 2nd ed. London, Gaskell, 1995.
3. Marsden CD: *Hysteria--a neurologist's view*. *Psychol Med* 1986; 16(2):277-88.
4. Trimble MR: *Neuropsychiatry*. Chichester, Wiley, 1981.
5. Perkin GD: *An analysis of 7836 successive new outpatient referrals*. *J Neurol Neurosurg Psychiatry* 1989; 52(4):447-8.
6. Frei J: [Hysteria: problems of definition and evolution of the symptomatology]. *Schweiz Arch Neurol Neurochir Psychiatr* 1984; 134(1):93-129.
7. Kathol RG, Cox TA, Corbett JJ, Thompson HS, Clancy J: *Functional visual loss: I. A true psychiatric disorder?* *Psychol Med* 1983; 13(2):307-14.
8. Sletteberg O, Bertelsen T, Hovding G: *The prognosis of patients with hysterical visual impairment*. *Acta Ophthalmol (Copenh)* 1989; 67(2):159-63.
9. Singhal NC: *Hysterical blindness versus malingering*. *Indian J Ophthalmol* 1972; 20(4):173-8.
10. Laria C, Perez ME, Perez E, Pinero DP, Ruiz-Moreno JM, Alio JL: *Conversion visual loss: a differential diagnosis in infant amblyopia*. *Eur J Ophthalmol* 2009; 19(6):1065-8.
11. Werring DJ, Weston L, Bullmore ET, Plant GT, Ron MA: *Functional magnetic resonance imaging of the cerebral response to visual stimulation in medically unexplained visual loss*. *Psychol Med* 2004; 34(4):583-9.
12. Ziegler DK, Schlemmer RB: *Familial psychogenic blindness and headache: a case study*. *J Clin Psychiatry* 1994; 55(3):114-7.
13. Fernandez Sanfiel ML, Cuesta Bascones JM, Martinon Lopez N, Morera Fumero A: [Hysterical blindness: apropos of a case]. *Actas Luso Esp Neurol Psiquiatr Cienc Afines* 1989; 17(2):91-3.
14. Clarke JR, Clarke DJ: *Hysterical blindness during dental anaesthesia*. *Br Dent J* 1987; 162(7):267.
15. Niklewski G: [Psychosomatic diseases of the eye--a review]. *Z Psychosom Med Psychoanal* 1982; 28(3):300-16.
16. Theodor LH, Mandelcorn MS: *Hysterical blindness, a case report and study using a modern psychophysical technique*. *Can J Ophthalmol* 1973; 8(2):353-5.
17. Pickford RW: *A case of hysterical colour blindness reconsidered*. *Mod Probl Ophthalmol* 1972; 11:165-7.
18. Parry-Jones WL, Santer-Weststrate HC, Crawley RC: *Behaviour therapy in a case of hysterical blindness*. *Behav Res Ther* 1970; 8(1):79-85.
19. Barber TX: *Los procedimientos hipnosugestivos como catalizadores de las psicoterapias*, in *Psicoterapias contemporaneas. Modelos y Métodos*. Edited by Linn J, Garske JP. Bilbao, DDB, 1988.
20. Kroger WS, Fezler WD: *Hypnosis and Behavior Modification. Imagery Conditioning*. Philadelphia, Lippincot, 1976.
21. Iglesias A, Iglesias A: *The hypnotic diagnostic interview for hysterical disorders, pediatric form*. *Am J Clin Hypn* 2009; 52(1):35-43.
22. López Alcaraz M, García García JB: *Propuesta del uso de la hipnosis como método diagnóstico en procedimientos forenses. A propósito de un caso con trastorno de conversión*. *Cuad Med Forense* 2009; 15(57):199-205.
23. Pellicer X: *Aplicaciones de la hipnosis en Oncología*. *Psiquis* 1994; 15(7):343-351.