

Experience with Hysterical Paralysis of the Legs in Abstaining Alcoholic

Tija Žarković Palijan

Neuropsychiatric hospital Dr. Ivan Barbot, Popovača, Croatia

Abstract – A 39-year-old patient, a tailor, married with two children, who had abstained from alcohol for some time, was brought to neurological clinic with paralysis of legs. Paralysis had set in during a phone conversation. He lived about 30 miles from the hospital and his colleagues carried him from work to the car and then to the neurological clinic. A neurologist sent the patient from her clinic for psychotherapeutic intervention. The intervention, in a spontaneous hypnotic trance lasted for a few minutes and was successful. The patient could walk again and has not relapsed since nor had a paralysis of legs anymore, but he has occasionally felt a pressure in his chest. He was abstinent for 20 years. Alcoholics who continue abstinence, even for years, often experience difficulties that they do not know how to deal with, so they react in different ways. Psychotherapeutic treatment in abstinence can affect the quality of life. Experts in the field of alcoholism should assess the situation and include the abstaining patients in better programs that will contribute to a better quality of life.

Key words: alcoholism, psychotherapy, hypnotherapy, quality of life

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e-mail: alcoholism.kbcm@gmail.com • [www.http://hrcak.srce.hr/acoholism](http://hrcak.srce.hr/acoholism)

Introduction

Treatment of persons with alcohol-related problems is neither easy nor simple. A common problem in the treatment of alcoholism is the lack of motivation for change that is often attributed to personality traits and defense mechanisms of alcoholics, but also to the difficulties and challenges in psychotherapeutic treatment [1,2].

It is almost the easiest part to achieve abstinence, but the change of lifestyle and quality of life requires re-socialization and rehabilitation with individual and group psychotherapy and family support in self-protection and self-help groups [3]. As alcohol addiction is a systemic disorder, the whole family needs to be involved in the treatment in order to achieve family homeostasis, and also support from colleagues at work, friends and other people close to the patient should be provided for [4,5].

I decided to present a case study of an abstaining alcoholic with hysterical paralysis of the legs. At the time when I was study-

Correspondence to: Doc.dr.sc. Tija Žarković Palijan,
Neuropsychiatric hospital Dr. Ivan Barbot, Popovača, Croatia

ing hypnotherapy and was beginning to believe that it was a discovery of a new way of communication, I was faced with the case of hysterical paralysis of the legs. The case of the abstaining alcoholic is instructive and it taught me again, how important it is to listen to what the patient says, no matter what you think that should be done with the patient according to the opinion of experts.

Case Study

A 39-year-old patient, a tailor by profession, married with two children and who had been abstaining from alcohol for some time, was brought to neurological clinic with leg paralysis that had occurred during a phone call. It was not clear what had been going on during the telephone conversation and whether it was only after he had completed the call that he found out that he could not get up. He lived about 30 km from our hospital and four of his workmates carried him to the car and then to the clinic. It was all very dramatic. A neurologist from the clinic called me and told me what had happened to the patient. She thought the case was for me because the neurological examination was NAD. I was surprised that she expressed doubts about the possibilities of psychotherapy. I was not sure whether she was joking or perhaps mocking me. It is easy to practice and imagine what you can do, but what to do with the living man? I said, "Don't send him to me, I don't have a magic wand." But she hung up and sent me the patient. What now? I had to receive the patient. The same four men that had taken him to the hospital brought him to my office and sat him in an armchair. Two other armchairs were occupied by our hospital psychologist who often

used to practice hypnotherapy with me and a nurse who was dealing with hospital lists.

Not knowing how to begin, I asked the patient: "How are you?" and he pointed with his hand to his chest. "I feel a pressure here." "What kind of pressure?" I asked. He pointed to his chest in the form of two bands, one wider, and the other narrower. "How heavy are those bands?" I continued. "This wider one is around 30 kg, and this narrower one around 10 kg". Now I was already feeling that the patient was leading me somewhere. However, he did not mention his legs at all. I decided not to mention them either. I continued to follow the patient and said aloud "Thirty plus ten is forty. What might be 40 kg heavy?" I asked, and the patient answered "Poles for beans." I was wondering what the "poles" could mean and remembered *The Story of Magic Beans* - it might be it. I turned to the patient "What happened to the poles for the beans?"

He said: "Yesterday I wanted to make some, but I didn't manage ... they called me home ...". The patient was calm and as if in a timeless space. He was in a spontaneous hypnotic trance. "Now what?" I thought, but calmly as we do in a trance continued "I will ask you to imagine that you are now finishing the poles and tell me when you're done." It is hard to say how many seconds passed, but it was all very quickly. He looked in front of him and said: "I've finished". I continued: "Now that you have finished, your hands must be dirty." He nodded and really looked at hands and said: "They are dirty..." At that moment, I consciously really did not know what to say, but my unconscious mind obviously did. I pointed to the sink in the room and said, "Then wash your hands." The patient got up, went to the sink, washed his hands and came back to his seat. He was visibly confused, but

I did not say anything. It was so silent in the room that you could hear a needle drop.

We all looked at each other, speechless. As if we were afraid to say anything, lest we spoil something.

I broke the silence saying, “Your hands are clean”. He looked at them again and nodded. “Okay, now I’ll show you to the door and you will stay with us for a while.” I said and stood up. The patient got up and went with me to the door where I handed him over to his friends, who were visibly confused, but again I said nothing about the legs. “He will stay with us, please escort him to the ward clinic!” I added, and closed the door.

Then my whole team was bursting with laughter and joy. I do not remember the comments of my colleagues, but we were all simply euphoric.

What actually happened remains for everyone to interpret according to his or her knowledge and skills.

We did not think about miraculous cure, we talked about the blockade that led to the temporary paralysis of the patient’s legs and the command at the second level that unblocked him. Would the result have been the same if I had said, “Walk” or asked, “What’s wrong with your legs?” I do not know. I never talked to him about it, but the neurologist who he had seen for a check-up indicated myelography, which was NAD. I was criticized for having allowed it, but “... I am just a psychiatrist and have to listen to what other specialist recommends”, I argued.

However, this is not the end of the story. I met the patient again, 17 years later. He was still abstaining from alcohol.

At around 11 pm in November of that year, I came as psychiatrist who consulted to the internal medicine ward and while I was

talking to a colleague, a nurse came to me and said: “One patient has heard your voice and wants to greet you.” “It’s late,” I said, but added also “What is the patient’s name?” It was my old patient. I walked into a dim room; some light was coming from the hallway. The bed was next to the door. “Good evening, I will not turn on the light not to wake up the others ... how are you?” I asked and he replied: “I feel a pressure in the chest ...”. “What is it like?” I asked. The patient formed two bands with his hands on his left chest. “Pre-cardiac condition.” he added and nodded. “What now?” I thought, but I said, “It will be all right, sleep well ... it’s late ... good night.”

I spoke to my colleague in charge of the patient. The clinical picture was not pre-cardiac condition, but he was being observed for his feeling of pressure in his chest. He was released after his condition had improved.

Is the pressure in the chest nicer than the paralysis of the legs? Who knows?

Strange are the ways of human communication [7].

Instead of a Conclusion: Alcoholics Have a Wounded Soul, Too

Alcoholics who continue abstinence for years, experience difficulties that they do not know how to deal with and they react in different ways. Withdrawal of therapy is frequent and is closely related to relapse [5,6]. The research results indicate a relationship between empathic approach of the therapist and positive outcome in the treatment of alcoholism. Consequently, therapeutic styles that evoke positive motivational responses of patients, without encouraging resistance through insistence on confrontation are more successful [1]. It is left to the experts

to evaluate how much and exactly how psychotherapeutic treatments in abstinence can affect the quality of life or lifestyle and to include patients abstaining from alcohol in better programs that will contribute to their better quality of life.

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Conflict of interest

None declared

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Iskustvo s histeričnom paraizom nogu kod pacijenta u fazi apstinencije

Sažetak – Bolesnik star 39 godina, po zanimanju krojač, oženjen, otac dvoje djece, koji je već neko vrijeme apstinirao od alkohola, doveden je u neurološku ambulantu s paralizom nogu. Paraliza je nastala tijekom telefonskog razgovora. Živio je 30-ak km od naše bolnice i kolege s posla su ga nosili do automobila pa potom u neurološku ambulantu. Neurologinja iz ambulante poslala je bolesnika radi psihoterapijske intervencije.

Intervencija je trajala nekoliko minuta u spontanom hipnotičkom transu i bila je uspješna. Bolesnik je prohodao i do danas nije recidivirao niti je više imao paralizu nogu, ali je povremeno imao pritisak u prsištu. Apstinent već 20 godina.

Alkoholičari koji nastavljaju apstinenciju čak i godinama često proživljavaju teškoće s kojima se ne znaju nositi te reagiraju na različite načine. Psihoterapijski postupci u apstinenciji mogu utjecati na kvalitetu življenja. Stručnjacima s područja alkoholizma ostaje procjena situacije i uključivanje bolesnika u apstinenciju od alkohola u kvalitetnije programe koji će doprinijeti boljoj kvaliteti življenja.

Ključne riječi: alkoholizam, psihoterapija, hipnoterapija, kvaliteta života