

## Introduction

Functional movement disorders (FMD) involve motor disturbances without a known underlying neurological disease<sup>1</sup>. Psychodynamic psychotherapy explores early experiences and relationships that impact an individual's behaviors and emotions. A key premise of psychodynamic theory is that tension between unconscious wishes, fantasies, and fears generates intrapsychic conflict that individuals express via defense mechanisms<sup>2</sup>. Early in the history of psychiatry, psychodynamic therapy was considered a primary treatment for unexplained neurological symptoms<sup>3</sup>. Currently, however, few psychiatrists are trained in the psychodynamic approach, and there is debate among clinicians about how FMD should be treated<sup>4</sup>. Furthermore, patients experiencing FMD may see many different providers before receiving a diagnosis and treatment<sup>1</sup>. Recent studies have indicated that psychodynamic therapy is an effective intervention for psychogenic nonepileptic seizures and other somatoform disorders<sup>5,6,7,3</sup>.

## Case Presentation

The current case involves a seventeen-year-old female seeking psychiatric care for diffuse uncontrollable movements that started during her junior year of high school. She was initially seen by neurology and hospital medicine with a full medical workup, and no neurological lesion or process was identified. She was treated with a trial of guanfacine that did not relieve her symptoms, and lorazepam which provided very minimal improvement. While she had previously been a good student, the patient began missing school due to her FMD symptoms. The patient had previously been involved in cognitive behavioral therapy and found applying these techniques to her movement issues ineffective. The patient engaged in dyadic psychodynamic psychotherapy which included the psychiatrist making interpretations regarding her symptoms within the first two sessions.

## Conclusions

This case suggests that psychodynamic therapy may be a useful and potentially rapid treatment for FMD. O'Neal and Baslet propose that an integrated approach between healthcare disciplines is key for providing timely diagnosis and treatment of FMD<sup>1</sup>. The patient case presented here highlights the need for early integration, given that the patient initially underwent several treatments with minimal progress before engaging in psychotherapy. The findings in this case support previous research that indicates psychodynamic therapy is effective for FMD<sup>5,6,7,3</sup>. A potential explanation for these findings is that through engaging in psychodynamic therapy, the patient was able to process unconscious conflicts associated with family relationships and leaving home for college. According to the psychodynamic model, resolving unconscious conflicts can reduce defense mechanisms such as FMD symptoms<sup>8</sup>.

### Areas for future study

Healthcare providers may not be trained in psychodynamic theory. One area for future research is to assess provider understanding of FMD diagnosis and treatment and to investigate approaches for improving multidisciplinary integration. Another question to investigate is how psychodynamic therapy can be integrated with other modalities such as cognitive behavioral therapy and mindfulness-based approaches in the treatment of FMD.

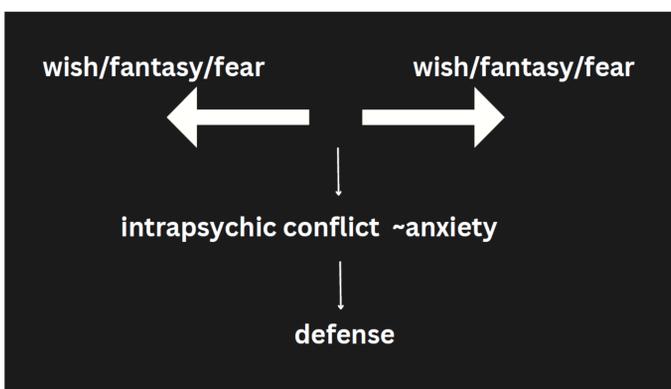


Fig. 1: Conceptualization of unconscious conflicts leading to defense

## Results

During psychodynamic therapy, the patient and psychiatrist identified several potential sources of intrapsychic conflict related to life events that the patient was experiencing. The patient had an unstable relationship with her father, and her parents had separated when she was a young child. She had a close relationship with her mother but was preparing to leave home to attend college the following year. As part of psychodynamic therapy, the patient had the opportunity to identify and express her emotions related to these experiences. The patient's FMD symptoms resolved fully following three sessions of psychodynamic psychotherapy treatment. She continued to participate in therapy and returned to school and social functioning.

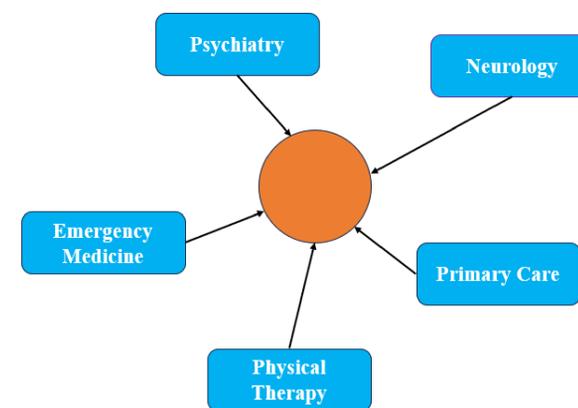


Fig. 3: Example of multi-disciplinary approach for treating FMD

## Literature Review

Kaplan hypothesizes that FMD is a manifestation of unresolved childhood conflict, and that psychodynamic therapy allows the individual to consciously process this conflict<sup>8</sup>. Likewise, Myers et al. propose that psychodynamic therapy can alleviate FMD symptoms by bringing underlying relationship traumas into conscious awareness<sup>9</sup>. In a study of 47 people with psychogenic nonepileptic seizures, those who engaged in 12-61 months of psychodynamic therapy experienced a reduction in seizure frequency<sup>5</sup>. In a separate pilot study, group psychodynamic therapy was associated with a decrease in psychogenic nonepileptic seizure frequency<sup>6</sup>. A meta-analysis of 16 studies found that psychotherapy reduced symptoms and impairment in severe somatoform disorders<sup>7</sup>. Psychodynamic interventions were associated with greater improvement in functioning than cognitive intervention<sup>7</sup>. In a systematic review of seven studies, Gutkin et al. concluded that psychodynamic therapy may be helpful for treating FMD, although further research is needed<sup>3</sup>.

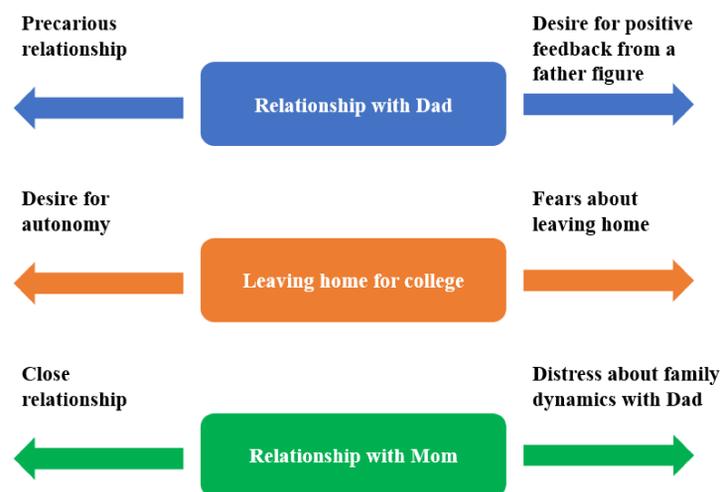


Fig. 2: Sample of potential conflicts leading to functional movement disorder

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