



## CONVERSION DISORDER; PSYCHO-SOCIAL STRESSORS AND LIFE EVENTS IN CHILDREN

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**ABSTRACT.. Objective:** Frequency of the psychosocial stressors and stressful life events in children presenting with conversion disorder. **Study design:** A descriptive study. **Place & duration of study:** The study was conducted in the Department of Psychiatry & Behavioural Sciences, Bahawal Victoria Hospital & Quaid-e-Azam Medical College, Bahawalpur from January, 2010 to October, 2010. **Subjects & methods:** The sample consisted of 100 in-patients (62 Female, 38 Male) with Conversion Disorder. They were interviewed and results were analysed from the entries in a Performa. The Presumptive Stressful life Events Scale (PSLES) was administered by an open ended interview to elicit major life events in the past 10 months. **Results:** Stressors were clearly identified in 100 patients. In all patients, we found more than one stressor. Among patients, there were (29%) Educational and study stressors, (20%) Parent's death / Separation, (20%) Sexual Abuse, (14%) Sibling Rivalry, (13%) Pampered / Demanding Child, (10%) Attention Seeking, (8%) Peer Group Problems, (8%) Improper Parenting, (8%) Learned behaviour, (7%) Emotional Involvement Issues, (5%) Habit of stealing and (4%) Adopted Child. **Conclusions:** We concluded that stressors and life events were present in all conversion disorder's patients and these stressful life events are important causal factors for Conversion Disorder. Severe and sudden emotional stress serves to precipitate conversion reaction in predisposed children. The symptom serves to solve the conflict and the gain obtained served to perpetuate the illness.

**Key words:** Psychosocial stressors, Life events, Conversion Disorder, Children

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### INTRODUCTION

Conversion a term introduced by Freud for a hypothetical mechanism by which psychological stress leads to (is converted into) physical symptoms and Conversion Disorder defined as a term for condition that may result from conversion conditions that in the past were called hysteria<sup>1</sup>.

In the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 4th edition (DSM-IV-TR), conversion disorders are included under the category Somatoform Disorders<sup>2</sup>. The International Classification of Diseases 10th revision (ICD-10) classifies conversion disorder as a dissociative disorder, under the F44 category (neurotic, stress-related and somatoform disorders)<sup>3</sup>.

Hysteria is one of the oldest words in the medical vocabulary<sup>4</sup>. It is derived from Greek word 'Hysterus' meaning wandering of uterus in the body<sup>5</sup>.

Conversion disorders are a group of somatoform disorders which involve unexplained symptoms or deficits affecting voluntary motor or sensory functions. Pseudo-seizures, fainting spells, gait disturbances, tremors etc are common presenting symptoms<sup>6</sup>.

Somatoform Disorder suggesting a physical disorder for which there are no demonstrable organic findings or known Physiological mechanism, and for which there is strong evidence, or a strong presumption, that the

symptoms are linked to psychological factors or conflicts<sup>3</sup>.

Kanner (1948) took the credit of reporting the first case of childhood hysteria in the scientific literature<sup>7</sup>. Hysteria was observed to be the commonest neurosis in children. Conversion disorder is by far the commonest form of somatoform disorder seen in children<sup>8</sup>.

Conversion disorder is commonly associated with rural settings, lower socioeconomic status, and absences of a sophisticated understanding of medical and psychological concepts. However with changing socio milieu, the condition is increasingly being recognized in urban children also<sup>9,10</sup>.

Children are a very particular subgroup of patients that are at risk for conversion disorder. Children in our current society are under great amounts of stress, and are particularly vulnerable to develop conversion disorder due to their inability to manage underlying stress<sup>11</sup>.

The most common and socially acceptable, conversion symptom is headache. There are few people who will argue that headaches are not a sign of stress. Young children, even under the age of 5 years, can develop headaches which may be resulting from unresolved stress. Other symptoms which may be expressed in response to unresolved stress include dizziness, abdominal pain, tinnitus, ataxia, generalized weakness, focal weakness, paresthesias, blurry vision, vision loss, tunnel vision, and non-epileptic seizures<sup>12</sup>.

Somatoform symptoms in children are described as occurring after a psychological stressor and as consisting consist of ailments unexplained by a medical condition or diagnosis. Several studies have explored social and environmental factors in children and teens as they relate to somatic symptoms<sup>13</sup>. Family stressors, changes in the economy, socioeconomic status, poor coping strategies, and recent traumatic events have been shown to increase somatic complaints in children<sup>14</sup>.

Stress is most often seen as an overt physical reaction: crying, sweating palms, running away, aggressive or defensive outbursts, rocking and self-comforting behaviours, headaches and stomach aches, nervous fine motor behaviours (e.g., hair twirling or pulling, chewing and sucking, biting of skin and fingernails), toileting accidents, and sleep disturbances<sup>15</sup>.

Children's appraisal of stressful events and their choices of viable coping strategies are different from those used by adults (e.g., leaving a favourite toy at child care overnight may have a negative impact on children who cannot "find" a way to "wait" until they are reunited; this reaction and fear of its recurrence may last for several days). In addition, experts have observed that children's physical responses to stress are also different from adult responses in that they may be more intense and involve the whole body. Theorists believe that these behaviours represent children's struggles to manage and react to stressful events<sup>16</sup>.

In Pakistan there have been only few studies of psychosocial stressors in patients. In particular the relationship between stressful life events and Conversion disorder in children has rarely been addressed. The aim of the present study is an attempt to find out the main stressors in the children with conversion disorder reporting at Department of Psychiatry & Behavioural Sciences, Bahawal Victoria Hospital, Bahawalpur.

## MATERIAL AND METHODS

The study was conducted in the Department of Psychiatry & Behavioural Sciences, Bahawal Victoria Hospital, a teaching hospital affiliated with Quaid-e-Azam Medical College, Bahawalpur. The Department offers in-patient and out-patient treatment services for Psychiatric Patients with a team of trained Psychiatrists and Psychologists.

Present study was conducted on the 100 children of Conversion Disorder, admitted in Department of Psychiatry & Behavioural Sciences from January, 2010 to October, 2010. Both male and female hysterical patients were included in the study but patients with more than 15 years age were not

included in study. All the patients were diagnosed according to the criteria of Diagnostic and Statistical Manual (DSM-IV) laid down by American Psychiatric Association 1994<sup>2</sup>. Informed verbal consent was taken from the parents of children and then all the information collected on the proforma (Demographic sheet) by interview and The Presumptive Stressful life Events Scale (PSLES)<sup>17</sup> was administered by an open ended interview to elicit major life events in the past 10 months. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 10.0 for frequencies and percentages. The results were depicted in the form of tables & summarized for gender, age, locality, education, occupation, psychosocial stressors & life events.

## RESULTS

The data was conducted from 100 (62 Females, 38 Males) in-patients. Table-I shows Demographic Characteristics of subjects. Out of 100 subjects, majority of patients were female, from 11-15 years age group, belonged to rural area and students.

All patients included in study. Tables II shows percentage list of stressor. All subjects reported more than one stress. Majority of the patients 29% has Educational problems and 20% has Parents death and separation and sexual abuse. In other stressors they reported, Sibling rivalry, Pampered child, Attention Seeking, Peer group problems, Improper parenting, Learned behavior, emotionally involvement, habit of stealing and stress as Adopted child.

## DISCUSSION

This study shows that in children conversion disorder occur in response to psychosocial stressors and life events. Somatoform and conversion disorder in children has strong relationship with the psychosocial stressors.

The present research pointed out that the majority (62%) of patients were female. One study on children by Sharma, et al, in India showed 55% female patients,<sup>8</sup> Gupta, et al., study showed female and male children ratio 2.1:1,<sup>12</sup> one study by Bisht, et al. on children shows 84 girls,<sup>13</sup> and in

Characteristics	%age
<b>Gender</b>	
Females (n=62)	62%
Males (n=38)	38%
<b>Age Groups</b>	
0-5	6%
06-10	32%
11-15	62%
<b>Locality</b>	
Rural	55%
Urban	45%
<b>Education</b>	
Uneducated	22%
Below 1 class, Play group, Nursery	6%
1-5	32%
6-8	27%
9-10	13%
<b>Occupation</b>	
Stay at home	16%
Student	71%
Madrsa Students	7%
Labor work / Work as servant	6%

**Table-I. Demographic Subject Characteristics (n=100)**

this study sample, 62% was female child. This finding is in line with other studies that show a high prevalence of psychiatric morbidity in females in Pakistan.

C. R. Sbaraini and L. B. Schermann conducted a study on children in Brazil in 2007, According to the study, of the total sample of 883 children studied, 27.2% of children over 10 years and 18.2% of 14 year old children showed a significantly higher prevalence of stress<sup>18</sup>. In a study on specific stressors in children by Danielle Brooks, it was shown that of the 23 children

Stressors	%age
School / education related issues	29%
Parents Death / Separation	20%
Sexual abuse	20%
Sibling Rivalry	14%
Pampered child / demanding child	13%
Attention seeking	10%
Peer group problems	8%
Improper parenting	8%
Learned behaviour	8%
Emotional involvement issues	7%
Habit of stealing	5%
Adopted child	4%

**Table-II. Life events/Stressors of Subject**

studied between the age group of 8-12, 6 boys and 7 girls showed stress related symptoms<sup>19</sup>. And in this study majority of the childrens, 62% belonged to 11-15 years age group.

An additional feature is the association of low socio-economic status with the presentation of conversion symptoms. The expression of psychological distress by physical symptoms is more common in individuals of lower socioeconomic class and in developing countries<sup>20</sup>. Lower educational level, rural Population has been associated with conversion disorder in some studies, such as one study from Pashwar by Irfan, et.al. showed 40% of conversion patients were illiterate and 80% children from rural area and lower socio economic status<sup>21</sup>. In this study, 55% subjects belonged to rural area and 6% work as servant or labour work and in which 5% have habit of stealing due to lower socio economic status.. It also supports the idea that those with rural population may have less well developed mechanisms for coping with stresses but in this study, 78% were students that is different from other studies that supported lower education level is also one cause of conversion disorder in children.

In another study in Kerala, indicated that academic achievement is identified as a new pressure in 15-year-old girls, they are likely to face educational stress<sup>22</sup>. A study on stress management, explains that students, who have developed a proper attitude to learning, and good learning techniques and habits, should not have to worry about stress. Stress is essential for effective study and memory, but it is the excess stress – anxiety, worry, fear of failure etc, which creates a level of stress high enough to cause loss of memory and memory blocks in examinations. This is what students fear, that they will not remember what they have learned. Of course, if they haven't learned the work in first place, stress or no stress will make no difference<sup>23</sup>. In this study, 78% subjects were students and 29% has school and educational related stressors, exam and study stress, 8% peer group problems at school.

Parents may have unrealistic expectations from their children which they are unable to cope with and it may manifest as conversion disorder. In a study, the most common stress factor and was present in 40% of the children, no monitoring of studies at home, poor communication between parents and poor realization by parents about the child's deficiencies were the common problems<sup>8</sup>. Family dysfunction, as measured by family functioning, child parent interaction and family environmental condition, poor interpersonal relations, poor communication with the family, parents separation or death, has also been found to be an important factor in study and children grooming<sup>12,24</sup>. A high frequency of family crisis (97%), unresolved grief reactions (58%) and family communication problems (85%) has been reported by Maloney<sup>25</sup>. Murase, et al reported family stress in 56.8% of conversion disorder patients. Emotional factors and advantages of playing the "sick role" play a part in continuance of symptoms. The identification of stressors helps in formulating appropriate psycho education of the family and child<sup>26</sup>. In this study, 20% childrens has stress of parent's death and separation, 14% children reported Sibling Rivalry, 8% Improper parenting and 4% were adopted child and has poor interpersonal relations.

The common psychological and social stressors included the break up of intimate romantic relationships, death of a family member or friend, economic hardships, racism and discrimination<sup>27</sup>. In this study, 62% patients were from 11-15 years age group, in which 7% has emotionally involvement and romantic relationship, 13% demanding & pampered child.

"Sexual abuse" was defined as any pressure to engage in or any forced sexual contact before age 16, originally ranging from fondling to penetration. If a patient was sexually abused by more than one perpetrator at different times, he or she was asked to choose the most important incident for more detailed discussion. In one study, 54 patients with conversion disorder, 8 patients reported no traumatization, 21 reported one type of traumatization (either parental dysfunction or physical/sexual abuse) and 25 reported multiple traumatization<sup>28</sup>. In this study, 20% reported sexual abuse.

## CONCLUSIONS

We concluded that stressors and life events were present in all conversion disorder patients and these stressful life events are important causal factors for conversion disorder. Severe and sudden emotional stress serves to precipitate conversion reaction in predisposed children. The symptom serves to solve the conflict and the gain obtained served to perpetuate the illness. Research over the past years has established that children's psychological and physical health is profoundly affected by the life events and identification of these stressors and life events are most important for management of conversion disorder in children.

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