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PATIENTS WITH CONVERSION DISORDER; PSYCHO-SOCIAL STRESSORS AND LIFE EVENTS

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ABSTRACT...Objectives: To assess the frequency of the various psychosocial stressors and stressful life events in patients presenting with conversion disorder. **Study Design:** Case series 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, 2009 to March, 2009. **Subjects & Methods:** The sample consisted of 100 in-patients (89 Female, 11 Male) with Conversion Disorder. They were interviewed and results were analysed from the entries in a Performa. **Results:** Stressors were clearly identified in 100 patients. In all patients, we found more than one stressor. Among patients, there were (24%) In-laws problems, (23%) Love problems, (21%) Relationship problems with family, (20%) exam/study stress, (15%) marriage against will, (13%) demanding and pampered child, (11%) Issue less, (10%) sexual abuse, (8%) demand of marriage, (6%) overage in wait of marriage, (4%) death of partner, (3%) husband abroad and (3%) patient's engagement break. **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. Conversion Disorder has strong relationship with psychosocial stressors.

Key words: Psychosocial Stressors, Life Events, Conversion Disorder.

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[1].

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[2].

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)[3].

Hysteria is one of the oldest words in the medical vocabulary[4].

It is derived from Greek word 'Hysterus' meaning wandering of uterus in the body[5]. Galen rejected the idea of 'wandering uterus' and suggested that the abnormality was due to undue retention of uterine secretions. Since then hysteria has been a topic of interest in medicine. Although the condition is recognized today to be a psychogenic disorder, it is classified generally according to the symptoms by contemporary diagnostic criteria such as the Diagnostic and Statistical Manual-IV (DSM-IV)[1] and the International Classification of Diseases-10 (ICD-10)[2] with apparent disregard of its psychogenic nature. 'Dissociative disorders', which present noticeable symptoms related to the loss of memory and consciousness such as amnesia and fugue, and 'conversion disorders', which present marked physical symptoms of the functional disorder in voluntary motor and sensory systems, are both considered to provide a defense against over intense libidinal stimulation by transformation of psychical excitation into physical presentation[6].

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[3].

Briquet and Charcot contributed to the development of the concept of conversion disorder by noting the influence of heredity on the symptoms and the common association with a traumatic event. Now it is suggested that hysteria develops as a reaction to emotional stress or conflict in the presence of a series of environmental, biological and personal vulnerability factors or as a part of the current life situation. The stress reaction includes autonomic responses, endocrine changes & psychological response[7].

As our society appreciate or accept the physical symptoms more conversion disorder may be an adaptive way of expressing the difficulties faced by the person in the stressful situation[8].

Life events have attracted attention as possible triggers of neurosis, and there have been reports that they affect the pre-morbid personality that diseases can be differentiated by the degree of discomfort, and that hysterical aphonia was triggered by stress of examination and quarrels with peers or spouse[9].

Stress may be the greatest single contribution to illness in the industrialized world. It is believed that prolonged stress may impair functioning or trigger mental illness. Painful experiences such as death of a loved one, divorce, or medical illness, or losing everything in a natural disaster can be so impactful as to trigger clinical depression and various somatic disturbances. Such events take away a sense of control and cause great emotional distress[10].

Somatization has strong relationship with the psychosocial stressors[11]. Somatization often occurs in response to psychosocial stress and generally persists even after the acute stressor has resolved, resulting in the child and family to believe that the correct medical diagnosis has not yet been found. Thus, patients and families may continue to seek repeated medical treatment after being informed that no acute medical illness has been found and that the symptoms can not be fully explained by a medical diagnosis. It is generally well accepted that stress and worry can take a physical toll on bodies. This can be the unseen source of headaches, backaches, chest pain, and stomach aches. Conscious and unconscious worries can lead to somatic symptoms with a spectrum of degrees of severity in almost every organ system[12].

In Pakistan there have been only few studies of psychosocial stressors in patients. In particular the relationship between stressful life events and Conversion disorder has rarely been addressed. The aim of the present study is an attempt to find out the main stressors in the conversion disorder patients 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 patients of Conversion Disorder, admitted in Department of Psychiatry & Behavioural Sciences from January, 2009 to March, 2009. Both male and female hysterical patients were included in the study but patients with more than 40 years 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 Psychological Association 1994[1]. Informed verbal consent was taken from the patients and then all the information collected on the proforma (Demographic sheet) by structured interview and stressful life events were assessed with the Life Events Checklist (LEC)[13],

Table-I. Demographic subject characteristics (n=100)	
Characteristics	**Percentage**
Sex	
Females (n=89)	89%
Males (n=11)	11%
Age Groups	
≤15	17%
15-20	50%
21-30	24%
31-40	9%
Marital Status	
Single	64%
Married	32%
Widow	4%
Locality	
Rural	54%
Urban	46%
Education	
Uneducated	38%
Primary	17%
Middle	17%
Matric	2%
F.A	5%
B.A	2%
M.A	3%
Occupation	
Unemployed	17%
Student	35%
House wife	32%
Embroidery work	10%
Teacher	2%
Electration	1%
Farmer	1%
Shopkeeper	2%

which measures the frequency and severity of life stressors. The date 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 sex, age, occupation, marital status, education, locality, psychosocial stressors & life events.

RESULTS

The data was gathered from 100 (89 Females, 11 Males) in-patients. Table-I shows Demographic Characteristics of subjects. Out of 100 subjects, majority of patients were female, single, from 15-20 years age group, belonged to rural area and uneducated.

Table-II. Life events/ Stressors of Subject	
Stressors	**Percentage**
In-laws Problems	24%
Love Problems	23%
Relationship Problems with Family	21%
Study/ Exam Stress	20%
Marriage against will	15%
Pampered child/ Demanding Behaviour	13%
Issueless	11%
Sexual Abuse	10%
Demand/ Wish of Marriage	8%
Late marriage/ Over age	6%
Death of Partner	4%
Engagement Break	3%
Husband Abroad	3%

All patients included in study. Tables-II shows percentage list of stressor. All subjects reported more than one stress. Majority of the patients 24% has in-laws problems and 23% has love problems. In other stressors they reported, relationship problems with family members,

Exam/study related stress, demanding and pampered child, marriage against will, issueless, sexual abuse, demand of marriage, overage in wait of marriage, Death of partner, husband abroad and patient's engagement break.

DISCUSSION

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

The present research pointed out that the majority (89%) of patients were females. A previous study from Karachi also showed 77% female patients[16], one more study showed 70% females patients,[7] while two studies from Lahore reported 74% and 83% female patients respectively[17,18]. In our sample, 32% of female patients were married and housewives. This finding is in line with other studies that show a high prevalence of psychiatric morbidity in married females in Pakistan[15].

Tynnyunt conducted a study on hysterical patients in eastern Libya. Hundred cases of hysterical patients referred to the psychiatric services were included in the sample. Most of the hysterical patients (75%) experienced significant stresses immediately before the symptoms. However, the nature of stresses varied according to the sex. Males had conflicts related to work (50%), while females experienced examinations related conflicts (26%) in their study[8].

Lower educational level, Rural Population has been associated with conversion disorder in some studies, such as one study from Peshawar showed 40% of conversion patients were illiterate and 80% from rural area[7]. In our study, 54% belonged to rural area and 38% patients were uneducated. It also supports the idea that those with less education may have less well developed mechanisms for coping with stresses.

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. Members of lower class communities may be less likely to seek help for emotional symptoms alone. Limited resources and overwhelming daily needs may prevent lower class individuals from requesting assistance for psychological concerns[8]. In our study 17% subjects were unemployed and 16% belonged to low socio-economic status and 32% housewives.

Stress as Lazarus and Launier suggested a transaction between people and the environment. Because it is the basis of give- and- takes adjustments that characterize people's relationships with the environment, stress is a critical transaction indeed. Stress is the process by which environment events challenge us, how they are interpreted, how they make us feel and how we respond or adjust them[11].

The common psychological and social stressors in adult's life included the break up of intimate romantic relationships, death of a family member or friend, economic hardships, racism and discrimination[10]. In our study 50% patients were from 15-20 years age group, in which 21% relationship problem with family, 20% exam/stress, 18% romantic relationship, 15% demanding & pampered, 3% engagement break stress.

Another study suggests that in all countries of the world, women experience higher levels of psychiatric morbidity than men do but the gap appears greatest in poorer countries. (Lee, 1990) Stressors, sources of challenge or danger to the organism are usually external to the organism and harm or loss. Stressors are not always environmental and instead may be symbols of threat, reminders of past harm, or other psychological representation of danger. In this way dreams or unwanted thoughts about a stress or may cause stress themselves[10]. In our study out of 32% married women, 24% had relationship problem with in-laws, 15% unwilling marriage and 3% had of their husband abroad.
Results from this study suggest that high neuroticism; psychoticism, dissociation and abnormal illness behaviour were associated with high perceived stress (hassles). Studies have shown that subjects develop dissociative symptoms or receive high scores on

dissociation following stress[14]. Kendell and Zeally are of the opinion that conversion hysteria is characterized by the sudden onset of symptoms in clear relation with the stress[19]. One more study from Karachi showed 55.7% Domestic conflict, 12.4% Death in family, 6.2% Physical abuse[16] and in our study 24% domestic problems, 10% sexual abuse, 4% death of partner.

A number of studies have addressed different aspects of hysteria. Different researchers from different setups have reported a long list of conversion symptoms. However in Pakistan, very few studies have been done on hysteria. We specially chose to address the topic of stressors.

CONCLUSION

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. Conversion disorder has strong relationship with the psychosocial stressors. Research over the past years has established that people'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.

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PREVIOUS RELATED STUDIES

- Maqsood N, Ali W, Ahmad I, Waje ur rehman, Niaz N. The hysteria; conversion disorders. Professional Med J Dec 2006; 13(4):583-586.