Original Article

Psychosocial Stressors in Dissociative (Conversion) Disorder in Two Tertiary Hospitals in Bangladesh

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Summary

Dissociative (conversion) disorders are common among the patients attending in and out patients of Psychiatry Department in Bangladesh. Although dissociative (conversion) disorder can be diagnosed but their etiology, pathogenesis and management continues to arouse debate. This was a descriptive, cross sectional study done on 100 consecutive patients with diagnoses of Dissociatiive (conversion) disorder. This study was carried out in the Department of Psychiatry in Bangabandhu Shikh Mujib Medical University, Dhaka and Dhaka Medical College Hospital since July 2005 to June 2006. Psychosocial stressors preceding the illness were identified by using Presumptive Stressful Life Event Scale. Sexual conflict was found highest (19%), followed by family conflict (16%), marital conflict (14%), divorce or separation of couple (11%), major physical injury or illness (9%) and breakup of a relation or love affair (8%). However, researchers tried to identify childhood sexual abuse and physical abuse, but these were almost absent. In Western countries childhood physical and sexual trauma are related to dissociative (conversion) disorder. This study reflected the type of stressors causing Dissociative (conversion) disorders in Bangladesh.

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Introduction

Conversion disorder is linked historically to the concept of hysteria. Toward the end of the nineteenth century, Pierre Janet conceptualized hysteria as a dissociative disorder and described somatoform symptoms as aspects of this condition in his traumatized patients [1]. Janet's contemporary Sigmund Freud also considered hysteria as a trauma-based disorder. However, Freud later conceptualized the somatoform symptoms of hysteria as a result of a neurotic defense mechanism and referred to them as conversion disorder[1, 2, 3]. In ICD-10 (International Classification of Diseases for Mental and Behavioral Disorders, Tenth Revision), Conversion and Dissociative disorders are classified together [4]. In DSM-II (second edition of Diagnostic and Statistical Manual for Mental Disorders), the conversion and dissociative types of hysterical neurosis were classified as variants of a single disorder, but later in subsequent editions including DSM-IV^{TR} Conversion disorder is classified under Somatoform disorders and Dissociative disorders are classified separately[1,2,3,5,6].

Historically, Conversion disorder was related to childhood sexual and physical trauma. Pierre Janet, in his auto hypnosis theory emphasized the relationship between conversion disorder and childhood trauma. Severity of dissociative/conversion symptoms were best predicted by childhood sexual abuse, physical abuse or maternal dysfunction[7, 8]. However, recent findings suggest that the role of emotional neglect and physical abuse are more important than sexual abuse [9].

There are limitations in classification and diagnosis of DSM-IV conversion disorder especially within past five years. In last few years most prevalence studies on conversion disorders were done in Europe and used the diagnostic criteria of ICD-10 [6].

However, in Bangladesh many studies done on conversion disorders but prevalence studies were few. The prevalence of Somatoform disorders in nationwide multi centered community based survey was (as per DSM criteria) 1.4% and among the clinical population it was 8.9%. However, prevalence of Conversion disorder was not evaluated separately [10]. A clinical study was done among psychiatric outpatients of a General hospital in Bangladesh. Among one thousand and twenty one patients, forty three (4.21%) were diagnosed as Dissociative (Conversion) disorders according to ICD-10 [11]. Among them, 9 patients were male and 34 patients were female. Another clinic based study was done on one hundred and twenty consecutive patients of Dissociative (conversion) disorders, coming for the first time during the period of January 1999 to December 1999. Among them 97 (80.83%) patients had conversion symptoms and Dissociative symptoms were observed among 20 (16.6%), and mixed symptoms among 3 (2.5%) patients [12].

The aim of this study was to delineate the psychological conflict causing conversion disorder. It was expected that psychosocial stressor may not be the same which is observed in Western countries.

Objective

This study was done to see the type of psychosocial stressors causing dissociative (conversion) disorders in Bangladesh.

Methodology

A total of 100 consecutive patients having diagnoses, Dissociative (conversion) disorder according to ICD-10 criteria, were included in this study. These patients were recruited from in and outpatient psychiatry departments of Bangabandhu Shikh Mujib Medical University (BSMMU), Dhaka and Dhaka Medical College Hospital (DMCH) during the period July 2005 to June 2006. Firstly patients were diagnosed as Dissociative (conversion) disorder by qualified psychiatrist after thorough history taking, physical and mental state examinations. The assessment of patients were done by using ICD-10 Diagnostic Criteria for Research (ICD-10, DCR).The patients were approached for the study by the researcher. Informed written consents were taken from the patients (after mentioning the detail procedure of this study) who wished to participate in present research .Confidentiality and freedom of choice for participation was assured. Patients who were selected in the present study were interviewed by using a semi structured questionnaire. This questionnaire included socio-demographic and other related variables for this study. The symptoms of Dissociative (conversion) disorders were determined by using a symptom check list for the present study. The psychosocial conflicts were identified by using Presumptive Stressful Life Event Scale. The Scale measures the psychosocial stressors which has a temporal relation with the diseases. The scale was developed by Gurmet sing in India 1984 [13]. This scale was based on Social Readjustment Rating Scale developed by Holmes and Rahi in 1967. The Scale contained 51 item questionnaire with different score for each item. The first item for example, is death of a spouse (within three months) and mean score for this item was 95. However, the researchers only assessed the presence or absence of each item, the score for each item was not measured. On an average three sessions were needed to identify the psychological stressor as patients were initially reluctant to discuss about their stressors. This questionnaire identified the psychosocial stressors within three weeks preceding illness.

Results

Among the 128 patients 9 patients refused to participate in this study either due to shortage of time or they some how avoided. One patient, after thorough clinical assessment and investigation was found to be a case of Wilson's disease. Fifteen patients either discontinued the interview (though they were well informed prior to each session about the length of time taken for a session) or did not attend subsequent sessions. Subsequent sessions were required for few patients when in one session psychosocial stressors were not explored. The remaining three patient's data sheets

were found incomplete before final scrutiny prior to analysis of data. Participation rate was found 78.12%. The Socio-demographic data were assessed .The sub-types of Dissociative (conversion) disorders were seen. Patients were diagnosed as per criteria of ICD-I0 DCR and sub types were also assessed. The sociodemographic data were shown in table 1.

Table 1. Socio-demographic characteristics of the patients

Characteristics	Frequency	Percent
Age in years		
<20	41	41.0
20-29	36	36.0
30-39	15	15.0
≥40	8	8.0
Mean± SD =23.4±9.0	Range =10-48 years	
Sex		
Male	17	17.0
Female	83	83.0
Habitat		
Urban	47	47.0
Rural	53	53.0
Religion		
Muslim	95	95.0
Hindu	5	5.0
Years of schooling		
0	4	4.0
1-5	21	21.0
6-10	58	58.0
≥11	17	17.0
Mean ± SD=8.0±3.6 years	Range =0-17 years	
Occupation		
Student	40	40.0
Housewife	39	39.0
Service	11	11.0
Others	10	10.0
Marital status		
Unmarried	44	44.0
Married	53	53.0
Separated	2	2.0
Divorced	1	1.0

Characteristics	Frequency	Percent
Monthly family income (Tk)		
<5000	37	37.0
5000-9999	26	26.0
10000-14999	19	19.0
≥15000	18	18.0
Median (Tk) = 6000.0	Range =Tk. 1200-100,000	
Family type		
Joint	42	42.0
Nuclear	58	58.0

It was found that female (83%) largely out numbered male (17%), mean age was 23.4 years, majority of the population completed 6 to 10 years of schooling (58%)

Figure 1. Distribution of patients by duration of illness

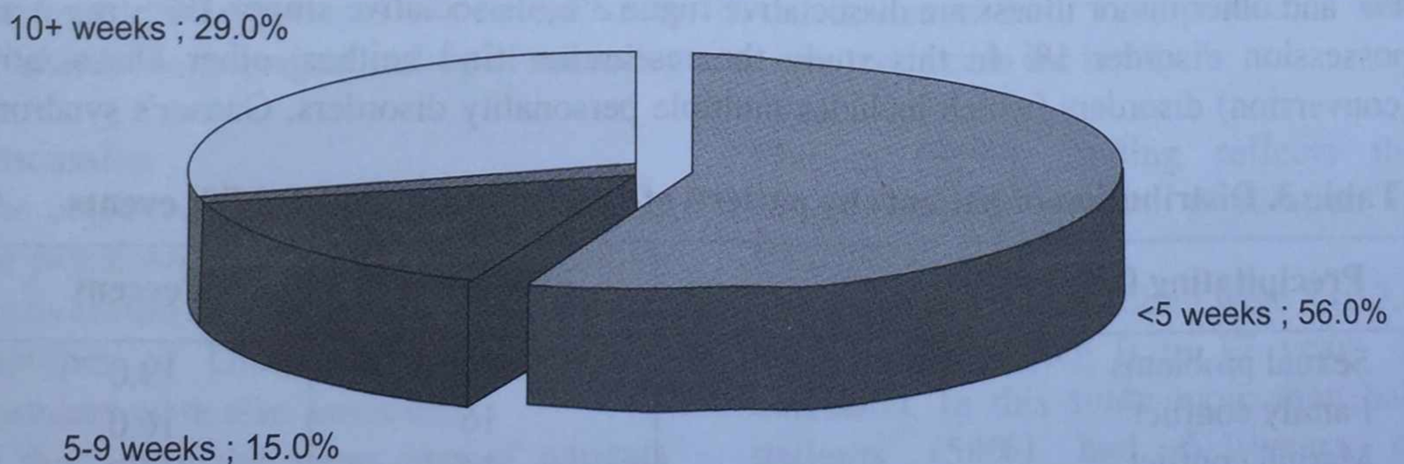

Table 2. Distribution of patients by sub-types of dissociative (conversion) disorder

Pattern of Dissociative (conversion) disorder	Frequency	Percent
Mixed dissociative (conversion) disorders	34	34.0
Dissociative convulsions	33	33.0
Dissociative motor disorders	19	19.0
Dissociative anaesthesia and sensory loss	5	5.0
Dissociative amnesia	4	4.0
Dissociative fugue	3	3.0
Dissociative stupor	1	1.0
Trance and Possession disorder	1	1.0
Other Dissociative (conversion) disorder	0	0.0
Dissociative (conversion) disorders, Unspecified	0	0.0

The subtypes of dissociative (conversion) disorders were identified also (Table2).

Pattern of dissociative (conversion) disorder indicated that highest percentage 34% had mixed dissociative disorders followed by dissociative convulsions 33%, dissociative motor disorders 19%, dissociative anaesthesia and sensory loss 5%, dissociative amnesia 4% and other minor illness are dissociative fugue 3%, dissociative stupor 1% , trance and possession disorder 1% In this study the researcher find neither, other Dissociative (conversion) disorders (which includes multiple personality disorders, Ganser's syndrome

Table 3. Distribution of patients by pattern of precipitating stressful life events

Precipitating factors	Frequency	Percent
Sexual problems	19	19.0
Family conflict	16	16.0
Marital conflict	14	14.0
Divorce or separation of the couple	11	11.0
Major physical injury or illness	9	9.0
Breakup of a relationship or love affairs	8	8.0
Financial damage or crisis	7	7.0
Prior to exams or interview	7	7.0
Failure in examination	6	6.0
Illness of any family members	5	5.0
Change of work environment or workplace	4	4.0
Termination of job temporarily or fully	3	3.0

Precipitating factors	Frequency	Percent
Death of a close relative	3	3.0
Son or daughter left home	3	3.0
Extra marital affairs	1	1.0
Legal conflict except dowry	1	1.0
Marriage of daughter or dependent sister	1	1.0
Trivial deviation from law	1	1.0
Problems with neighbors	1	1.0
Beginning or ending of schooling	1	1.0
New member in the family	1	1.0

*Multiple responses

Analysis of precipitating factors in terms of stressful life events (Table 3) indicated that highest percentage patients had Sexual problems 19%, followed by family conflict 16%, marital conflict 14%, divorce or separation of the couple 11%, major physical injury or illness 9%, breakup of a relationship or love affairs 8%, financial damage or crisis 7%, prior to exams or interview 7%, failure in examination 6%, illness of any family members 5%, change of work environment or workplace 4%, termination of job temporarily or fully 3%, death of a close relative 3%, son or daughter left home 3%, and other stressful life events that were less frequent like extra marital affairs, legal conflict except dowry, marriage of daughter or dependent sister, trivial deviation from law, problems with neighbors, beginning or ending of schooling and new member in the family.

Discussion

The objective of this study was to assess the psychosocial stressors in Dissociative (conversion) disorders. However, subtypes of Dissociative (conversion) disorders were also assessed.

In this study the mean age of patients was 23.4±9.0 years ranging from 10 to 48 years. Another study carried out in Bangladesh found age range 8 to 40 years [12]. In this study 83% patients were female and 17% were male. Conversion disorder appears to be more in females than male, with reported ratio (Male: Female) varies from 2:1 to 10:1 [14]. Fifty three of the respondents were from rural areas. Majority of the patients were Muslim (95%), finding reflects the religion of the general population in Bangladesh.

The mean year of schooling were 8.0±3.6 years ranging from 0 to 17 years of education. In this study more than half patients (58%) had 6-10years of schooling. This finding was similar with other study findings done in Bangladesh [12, 13].

Among the respondents occupation, 40% were students, 39% were housewives and 11% were service holders. Findings were comparable with other studies done in Bangladesh. Fifty three patients were married. This finding is excessive of another clinic based study done among

the private chamber patients [12]. The reason why married patients are having conversion disorder may be due the more stressful life events among the married population.

Sub types of dissociation (conversion) disorders were assessed according to ICD-10. Among the patients 34% of patients had mixed dissociative (conversion) disorders, followed by dissociative convulsions 33%, dissociative motor disorders 19%, dissociative anaesthesia and sensory loss 5%, dissociative amnesia 4%, dissociative fugue 3%, dissociative stupor 1%, trance and possession disorder 1%. However, the researcher did not find any (F.44.8) other dissociative disorder (multiple personality disprder, Ganser's syndrome etc) or dissociative disorder, unspecified type (F44.9) of dissociative (conversion) disorder. Mixed Dissociative (conversion) disorder was found highest (34%) among the sub types of dissociative (conversion) disorders. This finding is consistent with study done in Europe [6, 7]. Dissociative identity disorder is common in North America. However in India, dissociative identity disorder was found to be non-existent [15]. Finding of this study is consistent with the findings of India. So it can be assumed that dissociative identity disorder (Multiple Personality Disorder according to ICD-10) is a culture specific disease. The ICD-10 researchers also suggested so, as multiple personality disorder is much common in North America than in Europe [4]. No patients complained about loss of childhood memories, or childhood physical or sexual abuse etc. In Western countries, the research on etiology of dissociative (conversion) disorders in adult has focused primarily on childhood sexual abuse and physical abuse. Sexual abuse and physical abuse are significantly related to conversion and dissociative disorders [16].Though sample size 100 is not large enough but still this finding is important.

The psychological precipitating factor was identified among the respondents. The researchers have used 'Presumptive Stressful Life Event Scale' to subjective evaluation of the stressors not to assess the intensity and severity of stressful life events. This scale was used in India and Bangladesh before. However the scale was used in Bangladesh without validation in some studies. The commonest psychological precipitating factors were, Sexual problems (19%), family conflict 16%, marital conflict 11%, Divorce or separation 11%, major physical illness 9%, break up of a relationship 8%. In this study the researchers failed to identify any sexual early childhood abuse history. Sexual problems were more related to recent life sexual dysfunction rather than early life trauma. However, few patients confronted threat of sexual abuse where stressor initiated the disease. In developed countries it is an established fact that Conversion disorder is related to early life sexual abuse, physical abuse. In this study the patients did not express about their early life trauma in the form sexual or physical abuse. However, recent life trauma in the form of sexual dysfunction of the person or their spouse

was related in the causation of illness. Few patients admitted that their husbands were staying abroad. It had a temporal relation in the causation of illness. On going family conflict with relatives of spouse (in laws), further accentuated the problem.

Many patients while interviewing, randomly answered questions of the researcher. These answers were random and inconsistent. So, these symptoms were not taken into consideration to avoid any bias.

Therefore, it is seen that psychosocial stressors in Dissociative (conversion) disorder in Bangladesh is different from that of Western countries. Further broad based study, using validated measures of psychosocial stressors is necessary to evaluate the findings of the present study.

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