

## Interpersonal problems, optimism and coping styles among women with conversion disorder: A correlational study

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### Abstract

**Objective:** To explore the relationship of interpersonal problems, optimism and coping styles among women with conversion disorder.

**Methods:** The correlational study was conducted from August to October 2017 at different hospitals in Lahore, Pakistan, and comprised 50 women aged 12-60 years who had been diagnosed with conversion disorder. The translated version of Interpersonal Problem-32, brief version of Coping Orientation to Problems Experienced, and Life Orientation Test-Revised tools were used to collect data and to assess the relationship of optimism, interpersonal problems, optimism and copying styles. Data was analysed using SPSS 23.

**Results:** Of the 50 women approached, 49(98%) responded on variables questionnaires with a mean age of  $24.44 \pm 10.29$ . Among the total, 20(40%) belonged to very low socioeconomic class and 17(34%) belonged to the low socioeconomic class. An inverse relationship was found between the variables of interpersonal problems and optimism ( $r = -0.067$ ). Self-blaming coping style was significantly correlated with the disorder ( $r = 0.294$ ;  $p < 0.05$ ). Positive relationship was also found between coping by emotional support ( $r = 0.198$ ) and pessimism ( $r = 0.018$ ). Social inhibition had positive correlation with behavioural disengagement ( $r = 0.122$ ).

**Conclusion:** Social inhibition self-blaming non-adaptive ways, pessimism, optimism and the interpersonal problem of behavioural disengagement were found to be associated with each other among women with conversion disorder.

**Keywords:** Interpersonal problems, Optimism, Life orientation revised scale, Coping styles. (JPMA 71: 2717; 2021)

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### Introduction

The conversion disorder (CD) has its roots in the findings of Greek physician Hippocrates who coined the term 'hysteria' and called it a woman's problem.<sup>1</sup> Conversion is defined as substitution of a somatic symptom for a restrained idea.<sup>1</sup> General examples of conversion symptoms involve dystonia, psychogenic non-epileptic seizures (PNES), swallowing difficulties, blindness, paralysis, motor tics, walking difficulty, hallucinations, anaesthesia and dementia. In CD patients, there is no physical reason directly related to these symptoms, as psychological conflict and distress cause these symptoms.<sup>1,2</sup> In Pakistan, CD is one of the most frequently reported psychiatric problems as it accounts for 12.4% admissions in psychiatric facilities.<sup>3</sup>

According to psychoanalytic theory, CD is related with suppressed wishes and unconscious determinations. The individual is not consciously aware of those drives and uses different defence mechanisms to resolve inner conflicts. When these mechanisms fail, the subjects start showing signs of attention-seeker personality and

aggressive behaviour.<sup>3</sup> The causes of CD include psychological as well as neurological, biological and socio-cultural factors.<sup>4,5</sup>

Coping styles and optimism levels are linked with a person's mental health. Coping refers to the cognitive processes and behaviours to tolerate or lessen the stress.<sup>5</sup> Poor coping strategies have been linked with increased behavioural problems and with lower level of psychosocial health in typically developing adolescents.<sup>3</sup> Optimism has a high direct effect on psychological distress, and there are common correlates between coping styles and optimism, like negative affectivity and somatic complaints.<sup>6,7</sup>

Extensive studies have shown relationship among distressing life events, interpersonal problems (IPPs) and optimism, and it helps to understand the type of coping commonly used by CD patients.<sup>7,8</sup> Studies have highlighted that optimistic people are more likely to cope with IPPs and have lower distress level.<sup>8</sup> In Pakistan, females express their interpersonal and other problems with the help of somatic symptoms to cope with distressed situations.<sup>9</sup> It is common copying style among females, but studies have highlighted the fact optimistic people are able to use many other diverse positive coping strategies.<sup>10</sup>

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The current study was planned to explore the relationship of IPPs, optimism and coping styles among CD women.

**Subjects and Methods**

The correlational study was conducted from August to October 2017 at different hospitals in Lahore, Pakistan. After approval from the ethics review committee of the Government College University, Lahore, the sample was raised using purposive sampling technique from among 50 CD women aged 11-60 years from Services Hospital (SH), Jinnah Hospital (JH), Sir Ganga Ram Hospital SGRH), Fountain House (FH) and the Punjab Institute of Mental Health (PIMH). The subjects had already been formally diagnosed with CD by psychiatrists and psychologists. Those outside the age range, those having been diagnosed with other mental disorders and disabilities, and those who were unable to respond well were excluded.

Data was collected after taking written informed consent from all the subjects, and permission from the heads of the respective institutions. Demographic data was noted on a predesigned proforma, while, permission was obtained before using the other data-collection questionnaires. These tools included the translated version of the Interpersonal Problem-32 (IPP-32), the brief version of the Coping Orientation to Problems Experienced (Brief-COPE), and the Life Orientation Test-Revised (LOT-R) questionnaires.

IPP-32 is a 32-item scale with 8 subscales; domineering/controlling, vindictive/self-centred, cold/distant, socially inhibited, non-assertive, overly-accommodating, self-sacrificing and intrusive/needy.<sup>11,12</sup> The alpha coefficients for IPP-32 range from 0.70 to 0.88. Overall coefficient alpha for the scale in both clinical and non-clinical samples has been acceptable.<sup>11</sup>

LOT-R is a highly reliable scale with a Cronbach alpha value of 0.78, and the test-related reliability being 0.68, 0.60, 0.55 and 0.99.<sup>13</sup>

Brief-COPE is a 28-item self-reporting scale to measure techniques used by people to deal with issues and stress; both adaptive and maladaptive. The scale gives a score on 14 copying ways; acknowledgment, acceptance, positive reframing, planning, use of instrumental help, emotional support, behavioural separation, self-diversion, self-blame, humour, refusal, swinging to religion, venting, and substance use.<sup>14</sup>

Cronbach alpha values for the Brief-COPE subscales range from 0.50 to 0.90, and the overall value of 0.70 highlights good consistency among the items.<sup>14,15</sup>

Data was analysed using SPSS 23. Pearson Product Moment Correlation analysis was used to see the linear relationship among the study variables.

**Results**

Of the 50 women approached, 13(26%) were from SH, 7(14%) from JH, 16(32%) from SGRH, 4(8%) from FH and 10(20%) from the PIMH. Of the total, 49(98%) responded on variables questionnaires with an overall mean age of 24.44(10.29) years.

Among the total, 20(40%) belonged to very low socioeconomic class, 17(34%) to the low socioeconomic class, 9(18%) to the middle class and 4(8%) to the upper class. In terms of academic qualifications, 9(18%) were uneducated, 4(8%) has studied up to primary level, 10(20%) up to middle, 9(18%) up to matric, 11(22%) up to the intermediate level, while 4(8%) had bachelor's degree and 3(6%) had master's degree. Study results support the literature CD was more common among young women who are not well-educated and belong to lower socioeconomic class.<sup>16</sup>

There was a negative correlation between the variable of IPPs and optimism ( $r = -0.067$ ) (Table-1).

Self-blaming coping had significant positive correlation ( $r = 0.294$ ;  $p < 0.05$ ) with women having somatic symptoms. Positive relationship was also found between coping by emotional support ( $r = 0.198$ ) and pessimism ( $r = 0.018$ ) (Table-2).

**Table-1:** Association between Interpersonal Problems and Optimism.

Variables	1	2
Interpersonal problems	-	-.067
Optimism		-

**Table-2:** Relationship between Coping Styles and Pessimism among conversion women.

Variables	1	2	3	4
Women with somatic symptoms	-	.294*	.198	.018
Coping by self-blaming	-	-	.358*	.126
Coping by emotional support	-	-	-	.132
Pessimism	-	-	-	-

\* $p < 0.05$ .

**Table-3:** Relationship between Coping Styles and Interpersonal Problems subscales.

Variables	1	2
Socially inhibited	-	.122
Behavioral disengagement		-

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IPP subscale of social inhibition had positive correlation with behavioural disengagement subscale of Brief-COPE ( $r=0.122$ ) (Table-3).

## Discussion

To the best of our knowledge, the current study is the first conducted in Pakistan seeking to assess the relationship of interpersonal problems, level of optimism and coping styles among CD women by using IPP-32, LOT-R and Brief-COPE. Findings showed CD was more likely to afflict young women who are not well-educated and belong to lower socioeconomic class.

Current findings are in line with literature.<sup>17-19</sup> Different studies<sup>20-25</sup> indicate that coping responses were correlated with optimism and pessimism. Pessimism is associated with the use of overt denial and non-adaptive coping responses that are negative in nature and optimism is helpful in seeking social support in difficult times.

The present study found an inverse relationship between optimism and interpersonal problems. It means high optimism decreases interpersonal problems. In the present study CD women used non-adaptive ways to cope with difficult situations. Some participants who scored high on optimism responses scored lower on interpersonal problems.

In societies where expression is prohibited, CD is likely to increase and such prohibitions are predominantly faced by females in our society.

The current study has its limitations as the sample was constrained to only the female gender and the sample size was too small to allow generalisation of the findings. Sample size was not calculated by using any formula which is also the limitation of study. Qualitative analyses should have been incorporated because of the subjectivity of several factors. Further studies are required to validate the study's findings.

## Conclusion

CD was found to be more common among young, less-educated females belonging to the lower socioeconomic class. Social inhibition self-blaming non-adaptive ways, pessimism, optimism and the interpersonal problem of behavioural disengagement were found to be associated with each other among CD women.

**Disclaimer:** The text is based on an MS thesis, and was presented at a psychology symposium held at the Garrison National University, Lahore, on February 14, 2019.

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