

## Traumatic experiences and dissociation in patients with conversion disorder

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### Abstract

**Objective:** To explore the association between childhood trauma and dissociation in patients of conversion disorder.

**Method:** The cross-sectional study was conducted in Lahore, Pakistan, from April to December 2016, and comprised female patients aged 18-40 years diagnosed with conversion disorder at three major public hospitals of the city. Urdu version of symptom checklist for conversion disorder, the dissociative experiences scale and traumatic experiences checklist were used to measure study variables. In this paper, Spearman's Rank Order Correlation SPSS 21 was used for data analysis.

**Results:** Of the 51 subjects, 27(53%) were in the 18-25 year age bracket, Of the total, 36(70%) patients reported emotional neglect, while 30(59%) reported emotional abuse. Also, 14(27%) patients reported physical abuse, while sexual harassment was reported by 33(65%) and sexual abuse by 12(23.5%). A relationship of childhood trauma, emotional abuse and sexual abuse with dissociation was observed ( $p < 0.001$  each).

**Conclusion:** Emotional and sexual abuse were found to be significant predictors of dissociation, but physical abuse was not.

**Keywords:** Trauma, Dissociation, Conversion disorder, Women. (JPMA 68: 1776; 2018)

### Introduction

Trauma is a profoundly stressful experience or an emotional or sentimental reaction to an extremely terrible incident such as accident, assault, abuse or any type of natural disaster. Shock and rejection are the typical reactions soon after the traumatic experience or incident.<sup>1</sup> It is an event which is seen or experienced as a threat to someone's safety and life. Experiences of trauma may make an individual vulnerable to developing psychopathology later in life.<sup>2</sup>

Trauma can be classified into two broader categories. There are various forms of trauma and people of distinct personalities suffer from traumatic experiences but the symptoms and patterns of response are alike. Therefore, it is essential to think about trauma broadly. Firstly, as far as the frequency of traumatic experience is concerned, it can be described as Single Blow vs. Repeated Measure Trauma. Like the repeated trauma, single shocking event can certainly produce trauma. Natural disaster, such as earthquakes, floods, hurricanes, volcanoes etc., and criminal violence, such as robbery, rape and homicide, are single-blow traumatic events. Secondly, based on the causes which lead to trauma, they are marked as Natural vs. Human or man-made trauma. Human traumas include abuse of human rights, child abuse, sexual abuse, emotional

abuse, verbal abuse, sadistic abuse, war or political violence, rape and domestic violence. Majority of the victims of trauma have been violently inflicted wounds by a person. The critical situation is created when the wound is caused deliberately in a relationship with a person on whom the victim is relying on.<sup>3</sup>

Child abuse is a form of man-made trauma and such traumas have long-lasting impact on children. Childhood trauma affects the children in a number of ways. The overall personality development and behavioural patterns in adult life are predicted to a greater extent because of the significant events that took place in childhood. When a child is maltreated, abused or traumatised, the child starts developing negative self-concept, problem in developing healthy relationships and attachment, they have problem with managing their emotions and they have extreme emotional reactions. They may react offensively, aggressively or rigidly. They are also at a high risk of engaging in self-harm behaviour. Sometimes they may have dissociation which means they feel detached, or away from the reality.<sup>4-6</sup>

Child abuse is an umbrella term which comprises all forms of abuse: physical or emotional ill-treatment, neglect or negligent treatment, sexual abuse, and exploitation. Abuse results into actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

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Only in Pakistan, ratio of child sexual abuse is 6 children per day. Children who are less than 18 years of age are the victim of sexual abuse.<sup>7</sup> The "cruel numbers" report says that about 3,002 children were sexually abused in 2013 and 3,508 children were sexually abused in 2014 from across the country. According to this report abuse is increasing day by day.<sup>8</sup>

In 2008, the government of Pakistan conducted a study in collaboration with the United Nations Children's Fund (UNICEF) according to which 70% of the children in Pakistan experience some kind of physical abuse at home, school, madrassah, childcare centres, places of work and entertainment, jails, detention centres and on the streets.<sup>9</sup>

Child abuse is not a phenomenon exclusive to Pakistan. Children of other countries are also victims of abuse. According to the report of United States National Institute of Mental Health at least 40% of all psychiatric inpatients have histories of sexual abuse in childhood.<sup>10</sup>

According to the Child Help report, in the United States 28.3% of the adult reported having been physically abused as child. Physical abuse of a child is when a parent or caregiver causes any non-accidental physical injury to a child<sup>11</sup>. In India 14,913 child abuse cases were registered in 2015.<sup>12</sup> Trauma models of psychopathology emphasis on the fact that psychological trauma is a major factor which causes numerous mental illnesses, especially if it occurs in the early development of life.<sup>13</sup> This is generally connected to Freud's psychoanalytical approaches, which is based on his initial ideas regarding hysteria and child abuse.<sup>14</sup>

Trauma model makes several predictions related to dissociation. The first prediction is that pathological dissociation should occur in any culture in which there is chronic childhood trauma. The second prediction is that pathological dissociation should be more frequent among more traumatised subgroups, and the third prediction is that pathological dissociation is a psychological reaction to trauma.<sup>15</sup>

A number of studies have suggested that childhood abuse has the predominant effect on dissociation. One study concluded that there is an association between somatoform dissociation and the level of reported trauma.<sup>16</sup> Trauma can result into dissociation. It is probable that more symptoms will appear in an adult if the abuse is more severe. Childhood trauma at home plays an uninhibited role in the development of

dissociation as high level of dissociative symptoms have been found in victims who reported childhood sexual and physical abuse. Dissociation enables such events to be 'forgotten', or at least emotionally distanced.<sup>17</sup>

Psychology defines dissociation as an extensive series of experiences from little or minor objectivity or detachment from close surrounding environment to more serious objectivity or detachment from emotional and physical experience. Detachment from reality involves crucial characteristic of all dissociative phenomena, as opposed to lost reality as in psychosis.<sup>18</sup> According to Freud, dissociative disorders were the simply severe and maladaptive defences.<sup>19</sup>

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), dissociative symptoms have the potential to disrupt all areas of psychological functioning. Dissociation may influence individual's subjectivity, his feelings, thoughts and actions etc.<sup>20</sup> Dissociation makes some parts of experience inaccessible consciously. Due to dissociation the consciousness fails to integrate motivation, emotions, cognitions and certain other aspects of conscious experience.<sup>21</sup>

A research was done in Germany to investigate child maltreatment and its relation to dissociation. Emotional abuse, sexual harassment and sexual abuse were the significant predictors of psycho-form dissociation.<sup>22</sup>

A study evaluated 32 out-patients. Regression analysis was applied to determine the predictor of dissociation. Result showed that emotional abuse was the only significant predictor of dissociation.<sup>23</sup>

A research, conducted to find out the impact of child abuse on dissociative symptoms, said 68% of the women reported molestation, whereas 72% rape, and 51% physical abuse. Significant level of dissociative symptoms was reported by almost 50% of the women. The women with dissociative symptoms stated more often sexual, emotional and physical abuse. Logistic regression analysis revealed physical abuse being the only predictor of dissociative symptoms.<sup>24</sup>

The current study was planned to explore the relationship between dissociation and childhood abuse.

## Subjects and Methods

The cross-sectional study was conducted in Lahore, Pakistan, from April to December 2016, and comprised female patients aged 18-40 years diagnosed with conversion disorder at three major public hospitals of the

city: Punjab Institute of Mental Health, Ganga Ram Hospital, and Services Hospital.

The subjects were selected through purposive sampling technique of non-random sampling. Participants were approached after taking permission from the administration of the hospitals. Female patients regardless of their marital or socioeconomic status were selected.

Personal history was obtained through a demographic form which consisted of variables like age, gender, marital status, and socio-economic status, level of education, number of siblings, birth order, family structure, family psychiatric history, and personal psychiatric history.

Checklist of conversion disorder (CCD) was used for screening of conversion disorder. It consists of 75 items and four sub-scales. Scoring is based on a 4-point Likert scale ranging from 'never' to 'most of the time'. The reliability of the original checklist ranged from 0.58 to 0.84 which was significant at 0.01.<sup>25</sup>

The Urdu version<sup>26</sup> of Traumatic Experiences Checklist (TEC) was used to assess childhood trauma. TEC showed high reliability (Cronbach's  $\alpha = 0.85$  to  $0.94$  for total scores, test-retest correlation  $\alpha = 0.94$  to  $0.95$  for total scores). TEC is a 29-item retrospective self-report scale. It covers child maltreatment in the six areas: emotional abuse, neglect, sexual harassment, physical abuse, sexual abuse, and threat to life, bizarre punishment and intense pain. There are three items for each of these areas.<sup>27</sup>

The Urdu version<sup>28</sup> of Dissociative experiences scale (DES) was used to measure the dissociation. It consists of 28 items. Subjects were asked to mark the percentage of experiences (0-100) for each of the 28 items to indicate where they fall on a continuum for each question. The mean of all item scores ranges from 0 to 100 and is called the DES score.<sup>29</sup>

After permission from the hospital authorities, and consent from the consulting psychologists and psychiatrists as well as from the patients, personal information of the subjects was taken through the demographic form. Detailed clinical interview was conducted about the problem and the history of the problem. Complete instructions were given according to the scale before applying the scales. CCD was then applied to confirm the diagnosis. Further data was collected by using TEC and DES. The questionnaires were then scored according to the scoring procedure of the scales. Data was analysed using SPSS 21.

Descriptive statistics were expressed as frequencies and percentages. Spearman Correlation was used to find out the relationship between dissociation and childhood trauma, and dummy variables regression analysis was applied to find out the predictive relationship between the type of abuse and dissociation.

## Results

Of the 51 subjects, 27(53%) were in the 18-25 year age bracket. Overall, 36(70%) patients reported emotional neglect, while 30(59%) reported emotional abuse. Also, 14(27%) patients reported physical abuse, while sexual harassment was reported by 33(65%) and sexual abuse by 12(23.5%) (Table-1).

Multiple regression model showed patients with higher scores on emotional and sexual abuse were expected to have severe level of dissociation, and that physical abuse did not have the same impact (Table-2).

Linear regression analysis indicated that if the impact of trauma was high, it was likely to have a high score on dissociation (Table-3).

**Table-1:** Summary of demographic characteristics of sample, (N=51).

Variable	F	%	
Age	18-25	27	52.9
	26-30	16	31.4
	31-40	8	15.7
Education	Matric	24	47.1
	Intermediate	12	23.5
	Graduation+Masters	15	29
Profession	Working	16	31.4
	non-working	35	68.6
Marital Status	Unmarried	30	58.8
	Married & Divorced	19	37.3
Duration of Illness	0-2years	36	70
	3-5 years	15	30
Emotional Neglect	By parents & siblings	31	60.8
	By other family Members	20	39.2
	Out of family	10	19.6
Emotional Abuse	By parents & siblings	19	37.3
	By other family Members	15	29.4
	Out of family	10	19.6
Physical Abuse	By parents & siblings	10	19.6
	By other family Members	2	3.9
	Out of family	2	3.9
Sexual Harassment	By parents & siblings	3	5.9
	By other family Members	25	49
	Out of family	7	13.7
Sexual Abuse	By parents & siblings	2	3.9
	By other family Members	8	15.7
	Out of family	10	19.6

**Table-2:** Dummy Variables Regression Analysis of Determinant (Childhood Emotional, Physical and Sexual Abuse) of Dissociation in patients with Conversion Disorder (N=51).

Model1	B	Standard Error	?	p
Emotional Abuse	20.179	4.818	0.506	0.000***
Physical Abuse	6.967	6.967	0.147	0.233
Sexual Abuse	17.173	5.805	0.355	0.005**
R2	0.34			
F	8.056			

\*\*p&lt;0.01; \*\*\*p&lt;0.001

Note: Predictor: Sexual, Physical, Emotional Abuse b, Dissociation, df= 3.

**Table-3:** Linear Regression Analyses Predicting Dissociation in Patients with Conversion Disorder from Impact and Age at the time of Trauma (N=51).

Model 1	B	Standard Error	?	p
Impact of Trauma	25.858	6.198	0.49	0.000***
R2	0.465			
F	47.871			
<b>Model 2</b>				
Age at the Time of Trauma	4.366	0.67	0.664	0.000***
R2	0.44			
F	42.471			

\*\*p&lt;0.01; \*\*\*p&lt;0.001.

## Discussion

The current study extends the existing literature on the relationship between trauma and dissociation. It utilised clinical sample of female patients of conversion disorder. Trauma includes five subtypes of abuse: emotional neglect, emotional abuse, physical abuse, sexual harassment and sexual abuse. It also examined several trauma dimensions, age at onset of trauma, and impact of trauma.

There was significant relationship between childhood traumatic experiences and dissociation ( $p<0.01$ ). It shows that having high score on the trauma scale is associated with high score on dissociation. Dissociation is an unconscious avoidance of traumatic memories. It is too hard to confront trauma, therefore, individuals may develop psychological dissociation to escape from the hurting and painful emotions related to the experience of trauma. Disruption in mental and emotional processes is the typical reaction of trauma. This result is also supported by a previous study.<sup>30</sup> According to the DSM-V,<sup>20</sup> childhood interpersonal trauma is one of the risk factors of dissociation frequently found in the aftermath of trauma. According to Freud, dissociation is an unconscious attempt against overwhelming stressful life events to protect one's own self from the fearful and stressful life events. A study<sup>31</sup> concluded that childhood

trauma, dissociation and conversion disorder are interconnected.

Regression analysis directs that emotional abuse is the significant predictor of dissociation. Emotional abuse is a type of abuse which has extreme effects on the individual's life. If the emotional abuse happened in the childhood, the effects will be more drastic. Some parents, mostly fathers, have authoritative parenting styles and they always communicate with the children authoritatively and do not value their opinions or even consider their feelings.<sup>32</sup> Emotional abuse attacks the self-concept and affects self-esteem. A child is emotionally abused when a care-giver or care-taker responsible for security and the fulfillment of child's needs, deliberately ignores, humiliates, rejects, isolates, and exploits the child. After emotional abuse in the childhood, the individual may develop dissociation to cope with feelings of being unworthy and unloved. Dissociation may also occur when there has been severe neglect and emotional abuse, even when there has been no overt physical abuse.<sup>32</sup>

The present study demonstrated that a large sample was emotionally neglected; most importantly 60.8% of the patients were emotionally neglected by parents or siblings in their childhood. Family has a huge influence on child as he/she depends on family for the fulfillment of their basic

needs, and for the emotional and social development. An earlier study<sup>33</sup> supports our result in this regard.

Regression analysis also revealed that patients with history of sexual abuse had high score on dissociative scale. It suggests that sexual abuse is the significant predictor of dissociation. Victims of child sexual abuse may feel significant distress and exhibit a wide range of psychological symptoms both of short and long terms in nature. Findings of the current study are supported by earlier research.<sup>34-35</sup>

Physical abuse was also found in the current sample which indicates that in our culture we are still facing this negative phenomenon but regression analysis revealed that physical abuse is not the significant predictor of dissociation. An earlier research<sup>36</sup> was conducted on patients of conversion disorder and chronic pelvic pain showed the same results as the current research whereas results of present study are inconsistent<sup>37,38</sup> with some of the previous researches. Multiple regression analysis explored that there was a cause-and-effect relationship between trauma and dissociation. Dissociation may influence the subjectivity, feelings, thoughts and actions of the traumatised individuals. A previous study also supported the result that severe trauma leads to severe dissociative symptoms.<sup>39</sup>

There was found a positive relationship between the level of dissociation and age at the time of trauma. This is inconsistent with the previous literature.<sup>40</sup> According to previous literature, trauma at early age will develop more symptoms of dissociation. But it is also a fact that the effect of an event on someone who is unaware of the consequences will differ from the individual who is aware of it.

The generalisation of our findings is restricted on account of various limitations. The sample size is too small owing to restricted time limits. Also, it is gender-specific. Also, where there are patients suffering from higher degree of dissociation, some problems with memory may arise, which, in turn, may affect the results. Reports dealing with abuse in childhood were not verified because the respective family could not be approached.

## Conclusion

Trauma exposure at childhood can play a significant role in the development of dissociation. Complete history of the problem and history of trauma would assist the clinician's understanding of the problem and developing a management plan.

**Disclaimer:** None.

**Conflict of Interest:** None.

**Source of Funding:** None.

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