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# IMPACT OF CHILDHOOD TRAUMA AND PERCEIVED STRESS ON PATIENTS WITH CONVERSION DISORDER

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**ABSTRACT:**
The current study aims to examine the impact of childhood trauma and perceived stress on patients with conversion disorder. The sample for the present research (N=200) was collected from Bahawal Victoria Hospital (BVH), Shakoor Mind Care Institute, Bahawalpur (SMI), Civil Hospital Bahawalpur (CHB) and Nishtar Hospital Multan (NHM) through simple random sampling technique. Childhood trauma was measured through Childhood Trauma Questionnaire (CTQ) and Perceived Stress was measured using Perceived Stress Scale (PSS).

Diagnosed conversion patients were selected for the present study. The results indicated that childhood trauma experience was significantly positively correlated with conversion disorder. Similarly, perceived stress was also significantly positively correlated with conversion disorder.

## INTRODUCTION

Conversion disorder (CD) by and large needs to do with physical malfunctioning, for example, paralysis, blindness, or trouble talking (Aphonia), with no physical or organic pathology to signify the interruption. Most conversion symptoms mention that some sort of neurological disease is influencing sensory-motor frame works, in spite of the fact thatconversion side effect can copy the full scope of physical malfunctioning. Hence, and in light of the fact that the aspect "conversion" suggest etiology for which there is regulated verification the proposition for DSM-5 is to change the name to "Functional Neurological Disorder" (with "functional" alluding to an indication without organic reason) (Stone, LaFrance, Levenson, & Sharpe, 2010).

In Greek mythology, hysteria, the first name for functional neurological symptom disorder, was supposed to be caused by a deficiency of orgasms, uterine melancholy and not multiplying. Plato, Aristotle and Hippocrates trusted that a lake of sex disturb the uterus. The Greeks trusted that it could be prohibited and treated with wine and orgies. Hippocrates contented that a lake of regular sexual intercourse stimulated the uterus delivering toxic fumes and caused it to move in in the body, and this implied all ladies out to be married and enjoy a satisfactory sexual life (Tasca, Cecilia, Rapetti, Mariangela, Giovanni, Fadda&Biance, 2012).

In the nineteenth century, hysteria moved from being reflected a neurological disorder to being considered a psychological disorder, when Pierre Janet contended that "dissociation shows up independently for neurotic reasons and so as to antagonistically aggravated the person's regular day to day existence" (Tasca, Cecilia, Rapetti, Mariangela, Giovanni, Fadda&Biance, 2012). Freud's model (Josef Breuer and Sigmund Freud, 1895) suggested that the emotional charge getting from agonizing involvements would be consciously repressed as a method for managing the irritation, however that the emotional charge would be by one means or another "converted" into neurological symptoms. Freud later opposed that the repressed experience was of a sexual nature.

Lazarus (1999) establishes that stress can be perceived as any form of event that strains a person's ability to manage. Nobody's life is free of stress giving little mind to how sensible you are. McEwen (1998) explained that a manageable measure of perceived stress is in truth healthy and would challenge the person to improve. In any case, too abnormal state of perceived stress may impact the functioning of immune system (Cohen, 1996). Theorell and partners (2006) gave a working meaning of stress as "the non-specific reaction (energy mobilization)

that occurs in requesting or testing circumstances". For physiologist, stress is seen as a natural request or danger that stimulated physiological arousal. This response may be versatile (i.e., by motivating a fight or flight response), yet may likewise be hurtful to one's health when initiated more than once, for delayed timeframes, or between helpless people (Endler, 1988; Selye, 1976).

Lazarus and Folkman (1984) extremely driven stress inquire about by emphasizing the part of perceived stress. They indicate that for stress to happen and impact one's health, an individual must assess a situation as unbearable or requesting and greater his or her flexible assets (Lazarus & Folkman, 1984). The view of stress is dictated by characteristics of the stimulus (i.e., extent, force, controllability), and furthermore singular attributes (i.e., mood, past experience, personality, and coping skills). Point of view on stress now by and large diagnosed that a stress evaluation is responsible for activating stress responses (e.g., physiological, behavioral) that may harmfully influence physical health. Consequently, while definite events are largely considered as stressful (e.g., loss of loved one), the impact of even this events rely upon people's interpretations of their situation (Lazarus & Folkman, 1894).

The National Institute of mental Health (USA) defines childhood trauma as; "The experience of an event by a child that is emotionally painful or distress, which frequently achieves permanent mental and physical impacts". Nevertheless, with the right help it is possible to recover even from extreme early trauma. Childhood Trauma is an instance that causes emotional, physical and also other psychological distress earlier adulthood (Barnett, Manly & Cicchetti, 1991; Egeland, Sroufe & Erickson, 1983).

Kind of childhood trauma comprising emotional abuse, physical abuse, sexual abuse, and neglect have become much research thought (Cicchetti & Rizely, 1981; Mendelson, Robins & Jhonson, 2002). Experience to trauma has been associated to short-term and long-term negative psychological and psychosocial results (Davis &Petretic-Jackson, 2000; Hovens, 2010).

Childhood trauma has been related to conditions that may increase to poor functioning. Its occurs all the more as regularly as possible in families that have cut down parent informational accomplishment, are crushed, and have more prominent pressure (Klest, 2012; Pears & Fisher, 2008; Rosenthal &Futch, 2009). Childhood trauma looks add to poor psychological functioning. Adults and what are more children who have faced childhood trauma have communicated disturbance in psychological development and functioning (Zlotnick, Mattia& Zimmerman, 2001).

Childhood trauma seems, by all accounts, to be recognized with poor interpersonal relationships among adolescent and young adulthood, poor school performance, deviant behavior with criminal movement among adolescence, and

more persistent somatic complaints (Alink & Egeland, 2013; Carpenter &Chunge, 2011; Saltzman, Pynoos, Layne, Steinberg &Aisenberg, 2001; Schäfer, 2010; Smith, Park, Ireland, Elwyn& Thornberry, 2012). The idea of trauma causally related to the conversion disorder. Traumatic experience every now and again happening amid the childhood; shows a trigger for the dissociation process. The circle of the conscious detached from disturbing traumatic experiences (Brown, Schrag & Trimble, 2005).

The direct cause of conversion disorder is said to be the experience of stressful or traumatic life event which prompts psychological expression of that event (Brown, Cardena, Nijenhuis, Sar& Van der Hart, 2007). Literature mentions that experience to traumatic events, both in childhood and adulthood, have been interconnected to the development of psychopathology later in life (American Psychiatric Association, 1996). The psychoanalytic theorist considered that the important events of early childhood construct up an individual personality later in life (Sar, Akyuz, Dogan&Ozturk, 2009).

In last limited years fewer researches has been made in our understanding of mental illness and also about the causes of different mental disorder. There is still so much more that we simply don’t know about the causes and its complexity of conversion disorder. There are many aspects that involve in the development of conversion disorder and there is behind many causes and factors include that increase the symptoms severity of conversion disorder. Very insufficient researches done on conversion disorder for known reasons and risk factors in Pakistan. Thus people don’t know about with things (causes, reasons, and risk factors) that involve in the development of conversion disorder. Childhood trauma and perceived stress become the causes of conversion disorder and it’s also play the character in increasing the symptoms severity of conversion patients. Many other factors also involved but in my research I do the work on childhood trauma and perceived stress, these causes become the reason of conversion disorder.

## METHODS

### Participants

The sample for the present researched was taken from Bahawalpur and Multan, cities of Southern Punjab. In Bahawalpur, data was taken from Bahawal Victoria Hospital (BVH), Shakoor Mind Care Institute Bahawalpur (SMI), Civil Hospital Bahawalpur (CHB), and in Multan data was taken from Nishtar Hospital. Total numbers of respondents who participate in this study were N=200. Simple random sampling techniques were used to collect data from diagnosed patients of conversion disorder. Age range of the sample was 17 to 45 years. The demographic variable was age, education, profession, marital status, and socio-economic status.

## Instruments

### Perceived Stress Scale

Perceived stress scale was established to assess the degree to which situations in one's life are considered as stressful. The PSS (Cohen, Kamarck & Mermelstein, 1983) has become one of the most commonly used scale too measure perceived stress. It has been used in studies evaluating the stressfulness of situations.

### Childhood Trauma Questionnaire

Childhood trauma was measured through Childhood Trauma Questionnaire (CTQ; Pennebaker, & Susman, 2013). This self-report measure assesses numerous types of traumatic incidences experienced before the onset of age 17. It was developed by

## Design and procedure

Quantitative research and cross sectional research design is selected. The sample in the present study was 200. There were 200 diagnosed patients of conversion disorder. The sample for the present researched taken from Bahawalpur City. In Bahawalpur City taken from Bahawal Victoria Hospital (BVH), Shakoor Mind Care Institute Bahawalpur (SMI), Civil Hospital Bahawalpur (CHB), and from Multan City Nishtar Hospital Multan. The current study was conducted out using survey as research method. Questionnaires were distributed among the sample as instrument of survey method. Demographic variables were controlled. Formal permission was taken from authorities and head of psychiatric departments through formal letters for carrying out the research on the diagnosed conversion patients in their hospitals and clinics. The patients were cooperative in this regard. The questionnaire measuring the level of perceived stress and childhood trauma and trauma severity impact on diagnosed patients with conversion disorder. Age range of the respondents was between 17 to 45 years.

Participants were made sure of confidentiality of the response. They were also asked to respond fairly. Each respondent was rated according to the basic scoring given. The authorities, head of psychiatric department, psychologists and psychiatrist were thanked after the completion of data collection. It was a time consuming process. Then, the data was transformed into SPSS. All the subjects were recognized by a code. The data was kept secret and only researchers could approach it.

## Data Analysis

Statistical Package for Social Science (SPSS) version 25 was used to analyze the collected data.

**RESULTS AND DISCUSSION**

Gender, 32 (16.0%) were male respondents and 168 (84.0%) were female respondents participated in this research, whereas in marital status, 89 (44.5%) were single respondents, 83 (41.5%) were married respondents were having primary education, 35 (17.5) respondents were having middle education, 43 (21.5%) respondents were having matric education, 14 (12.0%) respondents were having intermediate education and 18 (9.0%) respondents were having graduation education. Furthermore, in socioeconomic status, 21 (10.5%) respondents were from upper class of socioeconomic status, 101 (50.5%) respondents were from middle class of socioeconomic status and 78 (39.0%) respondents were from lower class of socioeconomic status. Finally, in severity of conversion disorder, 29 (14.5%) respondents were from mild level of severity in conversion disorder, 77 (38.5%) respondents were from moderate level of severity in conversion disorder and 94 (47.0%) respondents were from several level of severity in conversion disorder.

**Table 1**

*Frequency Distribution of Demographic variable (N=200)*

| Respondent's Characteristics | | *f (%)* |
|---|---|---|
| Gender | Male | 32 (16.0) |
| | Female | 168 (84.0) |
| Marital Status | Single | 89 (44.5) |
| | Married | 83 (41.5) |
| | Divorced | 28 (14.0) |
| Education | Primary | 80 (40.0) |
| | Middle | 35 (17.5) |
| | Matric | 43 (21.5) |
| | Intermediate | 14 (12.0) |
| | Graduation | 18 (9.0) |
| Socioeconomic Status | Upper | 21 (10.5) |
| | Middle | 101 (50.5) |
| | Lower | 78 (39.0) |
| Conversion Disorder | Mild | 29 (14.5) |
| | Moderate | 77 (38.5) |
| | Severe | 94 (47.0) |

The mean age of overall respondents was (M age =27.98 + 5.05). While, the mean of childhood trauma (M=54.13 and SD=12.11) showed moderate level of trauma experience in childhood of overall respondents. Whereas, the mean of recent trauma experience (M=56.42 and SD= 13.35) showed also moderate

level of recent trauma experience among overall respondents. However, the mean of perceived stress (M= 28.42 and SD= 6.85) showed also moderate level of perceived stress among overall respondents. Finally, in conversion disorder, the mean (M=2.33 and SD=.72) of overall respondents was in moderate level of conversion disorder. Meanwhile, the values of skewness were also in acceptable ranges.

## Table 2

*Descriptive Statistics of Age, Child Trauma Experience, Recent Traumatic Experience Perceived Stress and Tendency of Conversion Disorder (N=200)*

| Variables | | | *Range* | | |
|---|---|---|---|---|---|
| | *M* | *SD* | *Potential* | *Actual* | *Skew* |
| Age | 27.98 | 5.05 | - | 18-45 | .20 |
| Child Trauma | 54.13 | 12.11 | - | 29-78 | -.02 |
| Recent Trauma | 56.42 | 13.35 | - | 29-95 | .32 |
| Perceived Stress | 28.42 | 6.85 | 10-50 | 14-48 | .33 |
| Conversion Disorder | 2.33 | .72 | 1-3 | 1-3 | -.57 |

Childhood trauma experience was significantly positively correlated with recent trauma experience (r=.35, p<.01), perceived stress (r=.38, p<.01) and conversion disorder (r=.26, p<.01). While, recent trauma experience was significantly positively correlated with perceived stress (r=.28, p<.01) and conversion disorder (r=.22, p<.01). Moreover, perceived stress was significantly positively correlated with conversion disorder (r=.56, p=.01).

## Table 3

*Inter-Correlation among Child Trauma Experience, Recent Trauma Experience Perceived Stress and Tendency of Conversion Disorder (N=200)*

| Variables | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| 1.Child Trauma | - | .35$^{**}$ | .38$^{**}$ | .26$^{**}$ |
| 2.Recent Trauma | | - | .28$^{**}$ | .22$^{**}$ |
| 3.Perceived Stress | | | | .56$^{**}$ |
| 4.Conversion Disorder | | | | - |

Table 4 shows the significance of the model, that means it is successfully predicted that child hood trauma leads to conversion disorder among individuals. Findings indicate that individual with childhood trauma positively significantly predicts relationship of conversion disorder (R 2= .02, B=.14, t=2.09, F=4.309, P<.05) by contributing 2% variability in the model. Moreover, the above table helps in understanding the association between the study variables shown in Table 3.

**Table 4**

*Regression analysis of childhood trauma and conversion disorder*

| Predictors | R | $R^2$ | β | SE | LL | 95% UL |
|---|---|---|---|---|---|---|
| CTQ | .14 | .02 | .14 | .08 | .01 | .34 |

Note. CTQ= Childhood trauma Questionnaire, R= relationship dimension, SE= Standard Error. LL= Lower Limit, UL= Upper Limit, β= standard Coefficient.
P<.05

**Discussion**

The main purpose of the present study is to look at is the impact of childhood trauma and perceived stress on patients with conversion disorder. Many findings of the research confirmed the usefulness of scales. In this examine, it will likely be mentioned that how childhood trauma co-related with conversion disorder, how perceived stress co-related with conversion disorder. The result of this study indicates that childhood trauma and perceived stress correlated with conversion disorder among conversion patients. In childhood trauma included physical abuse, sexual abuse, and death of any close family member or friend, divorced, severe injury. Evidence strong association of all these factors and high level of perceived stress among the patients with conversion disorder.

Current study investigated that childhood trauma correlated with conversion disorder among conversion patients. Childhood trauma experience was significantly positively correlated with recent trauma experience (r=.35, p<.01), perceived stress (r=.38, p<.01) and conversion disorder (r=.26, p<.01). While, recent trauma experience was significantly positively correlated with perceived stress (r=.28, p<.01) and conversion disorder (r=.22, p<.01). Moreover, perceived stress was significantly positively correlated with conversion disorder (r=.56, p<.01). Hence the hypothesis that childhood trauma co-related with conversion disorder is accepted. Many researches supported the result of this hypothesis.

According to Anum and Yousaf, (2012) there is a close relationship between childhood trauma (physical, sexual, emotional abuse and neglect) in patients and conversion disorder. The previous research focused on thirty-six cases that had a history of childhood trauma, physical abuse that leads to conversion disorder.

Numerous studies highlighted that childhood abuse and emotional pent up as an etiological factor of conversion disorder. For instance, a study stated that earlier sexual abuse incidences and childhood trauma predicted conversion disorder and this relationship is buffered by comorbidity of diagnosed depression.

Moreover, it was also found that childhood physical abuse predicted the difficulty in verbalizing emotions among the abused patients (Nicholson & Stone, 2011). Furthermor, Kanaan, (2016) explored that specific traumatic life events have depicted a link with symptoms of conversion disorder. Previous study has also demonstrated possible link between the clinical manifestations of conversion disorder, childhood trauma and stressful life events. (Akyuz, Gokalp, Erdiman & Oflaz, 2017).

Another research suggested that the direct influence of childhood abuse on conversion symptoms may be partially mediated by the impact of later occurring negative life events. The impact of life events experienced in the year preceding the symptom onset is positively related to the symptoms severity in patients with conversion disorder (Roelofs. Spinhoven, Sandijck. Moene & Hoogduin, 2005). Aforementioned researches verified the findings of the present study that traumatic experiences significantly influence the manifestation of conversion disorder symptoms (Sobot, Ivanovic-Kovacevic, Markovic, Misic-Pavkov & Novovic, 2012).

The second hypothesis was formulated to explore the relationship between perceived stress and conversion disorder. Hence the hypothesis that perceived stress co-related with conversion disorder is not accepted. Many researches supported the result of this hypothesis.

**Conclusion**

Thus, it is concluded from the preceding discussion that negative experiences and traumatic incidences in childhood along with perception of stressors might play a significant role in psychological problems like conversion disorder. Hence, understanding of these variables could be beneficial in treatment of psychological disorders.

Thus, concluding the discussion, previous studies have identified multiple different stressors like any kind of perceived stress, work and relationship problem. For which there is some evidence of correlation with symptoms severity of conversion disorder but no single key stressor type has emerged (Nicholson & Stone, 2011). Findings suggested that psychosocial factors have been implicated in genesis of conversion disorder. Severe and sudden emotional stress to precipitate conversion reaction (Sharma, Giri, Dutta&Mazumder, 2005). As a whole Impact of Childhood Trauma and Perceived Stress on Patients with Conversion Disorder is significant.

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