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Original Article

History of Childhood Trauma in Patients Presenting with Conversion Disorder

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ABSTRACT

Background: Conversion disorder, characterized by neurological symptoms without an identifiable organic cause, has historically posed diagnostic and therapeutic challenges. The role of psychosocial factors, especially childhood trauma, in the development of this disorder is increasingly recognized, yet the relationship remains under-explored in diverse populations.

Objective: This study aimed to investigate the demographic characteristics, clinical features, and prevalence of childhood trauma among patients diagnosed with conversion disorder at a teaching hospital in Peshawar, enhancing understanding of the disorder's psychosocial dimensions.

Methods: This observational study included 55 patients diagnosed with conversion disorder at the Department of Psychiatry, Khyber Teaching Hospital, Peshawar, from May 1, 2022, to April 30, 2023. Participants were diagnosed according to DSM-5 and ICD-10 criteria. Data were collected through detailed reviews of electronic medical records and structured interviews focusing on demographic data, clinical manifestations, and childhood trauma experiences. Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ) and the Adverse Childhood Experiences (ACEs) questionnaire. Statistical analysis was performed using SPSS version 25 to calculate frequencies, means, and standard deviations.

Results: Of the participants, 54.5% were female and 45.5% were male, with a significant number having only primary education (56%). The average age was 37.4 years (SD=10.2). Clinically, 81.8% reported motor symptoms, 54.5% had sensory symptoms, and 36.4% experienced seizure-like episodes. The average duration of symptoms was 18.6 months (SD=7.9). Childhood trauma was reported by 36.4% for physical abuse, 27.3% for sexual abuse, and 45.5% for emotional abuse. High CTQ scores indicated substantial trauma levels among participants.

Conclusion: The study confirms a high prevalence of childhood trauma among patients with conversion disorder and underscores the need for a comprehensive, trauma-informed approach in managing these patients. The findings highlight the importance of considering psychosocial factors in the diagnosis and treatment of conversion disorder to improve patient outcomes.

Keywords: Conversion Disorder, Childhood Trauma, Psychosocial Factors, DSM-5, ICD-10, CTQ, ACEs, Clinical Features, Neurological Symptoms, Psychiatry.

INTRODUCTION

Conversion disorder, defined by the presentation of neurological symptoms that lack detectable organic origins, continues to challenge medical professionals and researchers. Historically attributed to psychodynamic conflicts and biological predispositions, recent studies have highlighted childhood trauma as a significant factor in its development (1-6). The roots of conversion disorder are deeply embedded in the history of modern psychiatry, with key contributions from figures such as Sigmund Freud and Jean-Martin Charcot. Freud's theory of conversion hysteria proposed that unresolved psychological tensions could manifest as physical symptoms, while Charcot's observations at the Salpêtrière Hospital underscored the role of suggestion and emotional stress in triggering hysterical symptoms (7,8).

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Despite advancements in medical research and psychology, the precise mechanisms underlying conversion disorder remain elusive (9). However, a growing body of evidence suggests a strong correlation between adverse childhood experiences—such as physical, sexual, and emotional abuse, along with neglect—and the emergence of the disorder (10,11). It is proposed that such traumas may disrupt the development of effective coping mechanisms, leading to the conversion of emotional distress into physical manifestations (12). Recognizing childhood trauma as a potential risk factor for conversion disorder has profound clinical implications, shedding light on the complex interplay between psychological trauma and physical symptoms and underscoring the importance of a holistic approach to patient care (13,14).

In an effort to further elucidate this relationship, our study examines the prevalence and nature of childhood trauma in 55 patients diagnosed with conversion disorder. Utilizing a combination of retrospective medical record reviews and structured interviews, we aim to explore the association between childhood trauma and the disorder, thereby enhancing our understanding of its etiology and informing trauma-sensitive treatment approach (15-21).

MATERIAL AND METHODS

This observational study was conducted at the Department of Psychiatry at Khyber Teaching Hospital, Peshawar, from May 1, 2022, to April 30, 2023. The cohort comprised 55 patients, aged 20 to 60 years, diagnosed with conversion disorder by qualified psychiatrists using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-10). An in-depth review of electronic medical records facilitated the collection of demographic data, clinical history, and details of diagnostic evaluations and treatments associated with conversion disorder.

Systematic interviews conducted by experienced researchers gathered extensive data on the participants' childhood experiences, focusing on potential traumatic events such as physical, sexual, and emotional abuse, as well as neglect. The interviews were conducted with the utmost sensitivity and impartiality, ensuring the participants' comfort and maintaining their anonymity throughout the process. Childhood trauma was assessed using validated instruments including the Childhood Trauma Questionnaire (CTQ) and the Adverse Childhood Experiences (ACEs) questionnaire, which provide standardized metrics to evaluate the nature and extent of trauma experienced (14).

Data were analyzed using SPSS version 25. Descriptive statistics calculated frequencies, means, and standard deviations from the medical records and interview data. The analysis also explored the types and severity of childhood trauma reported by individuals with conversion disorder (1, 7 13, 21).

The study adhered to the ethical standards of the Helsinki Declaration and was approved by the institutional review board and the ethics committee of Khyber Teaching Hospital. All participants provided informed consent prior to inclusion in the study, and their responses were treated with confidentiality and anonymity to respect their privacy. This rigorous approach ensured that the research was conducted responsibly, with a commitment to upholding the highest standards of ethical medical research.

RESULTS

In this observational study conducted at the Department of Psychiatry at Khyber Teaching Hospital, Peshawar, a total of 55 patients diagnosed with conversion disorder were included. The demographic analysis revealed a slight female predominance with 30 females (54.5%) compared to 25 males (45.5%) (Table 1). The majority of participants had only attained primary school education (56%), while 30.9% had completed secondary school and a smaller fraction of 12.7% had pursued higher education. The marital status of the participants indicated that the majority were married (80%), and the remaining 20% were single.

Regarding employment status, 45.5% of the participants were employed, whereas 25.4% were unemployed, and 29.1% were retired, showing a diverse range of employment situations among the participants. Birthplace data suggested a nearly balanced distribution, with 58.2% of participants hailing from urban areas and 41.8% from rural settings. In terms of economic status, over half of the participants (54.5%) were classified under low income, 21.8% as middle income, and a minority of 14.5% reported high income (Table 1).

Table 1: Demographic Characteristics of Study Participants

Demographic Variable	Number of Patients (n=55)	Frequency (%)
Gender		
Male	25	45.5%
Female	30	54.5%
Educational Level		

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Demographic Variable	Number of Patients (n=55)	Frequency (%)
Primary School	31	56%
Secondary School	17	30.9%
Higher Education	7	12.7%
Marital Status		
Married	44	80%
Single	11	20%
Work Status		
Employed	25	45.5%
Unemployed	14	25.4%
Retired	16	29.1%
Place of Birth		
Village	23	41.8%
City	32	58.2%
Economic Status		
Low Income	30	54.5%
Middle Income	12	21.8%
High Income	8	14.5%

Table 2: Age-wise Distribution of Study Participants

Age Group (years)	Number of Participants (n=55)	Frequency (%)
Mean ± SD	37.4 ± 10.2	
< 20 years	5	9.1%
20-29 years	12	21.8%
30-39 years	20	36.3%
40-49 years	10	18.2%
50-59 years	5	9.1%
≥ 60 years	3	3.5%

Table 3: Clinical Characteristics of Conversion Disorder in Study Participants

Clinical Variable	Number of Participants (n=55)	Frequency (%)
Duration of Symptoms, Mean ± SD (months)	18.6 ± 7.9	
Types of Symptoms		
Motor	45	81.8%
Sensory	30	54.5%
Seizure-like	20	36.4%
Nonepileptic Seizures	15	27.3%

Table 4: Types of Childhood Trauma Reported by Study Participants

Type of Trauma	Number of Participants (n=55)	Frequency (%)
Physical Abuse		
Yes	20	36.4%
No	35	63.6%
Sexual Abuse		
Yes	15	27.3%
No	40	72.7%
Emotional Abuse		
Yes	25	45.5%
No	30	54.5%

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Type of Trauma	Number of Participants (n=55)	Frequency (%)
Neglect		
Yes	10	18.2%
No	45	81.8%

Table 5: Study Participants' CTQ Scores for Childhood Trauma

Type of Trauma	Mean ± SD
Physical Abuse	25.3 ± 7.2
Sexual Abuse	20.7 ± 6.5
Emotional Abuse	28.1 ± 8.3
Physical Neglect	18.9 ± 5.8
Emotional Neglect	22.6 ± 6.9

Table 6: Childhood Trauma Types and Conversion Disorder Clinical Features

Clinical Variable/Type of Trauma	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
Duration of Symptoms, Mean ± SD (months)	20.2 ± 6.3	18.5 ± 7.1	19.8 ± 6.9	17.4 ± 8.2
Types of Symptoms				
Motor	18 (90%)	12 (80%)	20 (80%)	8 (80%)
Sensory	10 (50%)	8 (53.3%)	12 (48%)	5 (50%)
Seizure-like	8 (40%)	6 (40%)	10 (40%)	4 (40%)
Nonepileptic Seizures	5 (25%)	4 (26.7%)	6 (24%)	3 (30%)

Age distribution showed a mean age of 37.4 years with a standard deviation of 10.2 years. The largest age group was the 30-39 years bracket, representing 36.3% of the sample, followed by those aged 20-29 years (21.8%). Participants aged 40-49 years accounted for 18.2%, and those under 20 and between 50-59 years each made up 9.1%. The smallest group was those aged 60 years and older, constituting only 3.5% of the sample (Table 2).

Clinical characteristics of the disorder within the cohort showed that the average duration of symptoms was 18.6 months, with a standard deviation of 7.9 months. A significant majority (81.8%) of the participants experienced motor symptoms, followed by 54.5% reporting sensory symptoms, 36.4% had seizure-like symptoms, and 27.3% experienced non-epileptic seizures (Table 3).

The analysis of childhood trauma types revealed that 36.4% of participants reported experiencing physical abuse, and 27.3% had undergone sexual abuse. Emotional abuse was reported by 45.5% of the cohort, and 18.2% described instances of neglect. The Childhood Trauma Questionnaire scores provided further insight into the severity of each trauma type, with emotional abuse scoring the highest mean at 28.1 (Table 4 and Table 5).

Finally, the correlation between types of childhood trauma and clinical features of conversion disorder indicated that those reporting physical abuse had the longest duration of symptoms, averaging 20.2 months. This group also had a high frequency of motor symptoms, reported by 90% of those affected. Participants who experienced emotional abuse or neglect showed similar patterns in the prevalence of symptoms, albeit with slightly shorter durations (Table 6). These findings underscore the significant impact of various forms of childhood trauma on the clinical manifestations and course of conversion disorder.

DISCUSSION

The findings from this study offer valuable insights into the demographic characteristics, clinical manifestations, and early trauma experiences of individuals diagnosed with conversion disorder. Our results indicate a predominance of female participants, which is consistent with earlier studies, including one by Smith et al. (2002), where over 60% of participants were female (22). This alignment with prior research underscores a recognized pattern of higher occurrence rates of conversion disorder among women.

Regarding educational attainment and marital status, our study found that 56% of participants had only primary education, a trend similar to findings from a 2009 study, which also reported lower educational levels among participants (23). Additionally, the high proportion of married individuals (80%) in our cohort corresponds with findings from Baykan et al. (2003), who reported a similar marital status distribution in their study population (17).

Clinically, the prevalence of motor and sensory symptoms observed in our study participants aligns well with previous findings. Smith et al. (2000) noted that 75% of their participants had motor symptoms, closely matching the 81.8% observed in our study (22).

Furthermore, the rate of sensory symptoms we observed (54.5%) was comparable to that in a study by Halpern D et al. (2021), which reported sensory complaints in 50% of their participants (19).

Our study also documented a mean symptom duration of 18.6 months, which sits within the range reported by other studies, such as Johnson et al. (2013) who noted an average duration of 16 months, and David et al. (2016), who reported a longer average of 22 months (13; David et al., 2016). This consistency further supports existing literature on the chronic and enduring nature of symptoms in conversion disorder.

Childhood trauma experiences reported in our study are consistent with other research highlighting high rates of trauma among individuals with this condition. For instance, Smith et al. (2000) found that 35% of their study participants experienced physical abuse, closely paralleling the 36.4% in our study (22). Additionally, the rates of sexual and emotional abuse we recorded resonate with findings from other studies, emphasizing the substantial trauma histories in this patient group.

The Childhood Trauma Questionnaire (CTQ) scores from our participants indicated significant levels of trauma, aligning with findings from Trelles et al. (2021), who also reported moderate to severe trauma in their study population (19). This suggests a strong link between early trauma and the later development of conversion disorder, reinforcing the need for trauma-informed care approaches in this patient demographic.

This study is not without limitations. The sample size, though adequate for initial insights, is relatively small and from a single geographic location, which may limit the generalizability of the findings. Future research should consider larger, more diverse populations to enhance the representativeness of the results. Additionally, the retrospective nature of the study poses limitations related to the accuracy and completeness of medical records and recall bias in patient interviews.

CONCLUSION

In conclusion, our study underscores the complex and multifaceted nature of conversion disorder, highlighting the significant role of psychosocial factors, particularly childhood trauma, in its pathogenesis. By integrating these insights into clinical practice, healthcare providers can better tailor their approaches, potentially improving diagnostic accuracy, treatment strategies, and overall quality of life for affected individuals. Further research is recommended to continue exploring these relationships and to develop targeted interventions that address the underlying psychosocial components of conversion disorder.

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