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A Review on the Psychosocial Factors in Conversion Disorders in the Indian Scenario

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Conversion Disorder is often associated with various misinterpretations and stigma in the Indian origin. Psychosocial factors include risk factors as well as protective factors involved in Conversion disorders in the Indian scenario. Exploration of these psychosocial factors will act as a guide for various mental health professionals to cater to the needs of individuals with conversion symptoms. Objectives- The aim of the current paper is to explore the psychosocial factors involved in conversion disorders. Method- The scope of the review caters to various mental health professionals and clinicians for gaining clarity about conversion symptoms as well as their management. The data was collected from research articles found on google chrome. The review was done using thematic analysis and reflection over various research articles and the time frame consumed was one month. Results- On exploration, various factors that worsen conversion disorder are dysfunctional relationships, lowered socio-economic status, younger age group, female gender, and heightened autonomic arousal. The factors that facilitate recovery and healing in conversion disorder are state of trance, presence of insight, peer support, male gender, older age, adequate socio-occupational functioning and occupational therapy. Discussion- The present paper is helpful for various mental professionals and individuals for effective utilization of techniques and tools for recovery and coping through conversion disorder. Conclusion- The present paper highlights the psychosocial factors in conversion disorders based on reliable research and data. However, the limited data available on the topic and lack of clarity as well as misinterpretations about conversion symptoms became major limitations of the study.

Keywords: conversion disorder, risk factors, protective factors, coping, indian origin

Cultural variations in conceptualizing disorders can influence the help seeking behaviors of the individuals and the way in which they will communicate to others. Obeyesekere (1970) suggests that spirit possession may be interpreted along the religious and psychodynamic lines in order to understand conversion disorder, especially in South Asian cultures. The idea of instrumentality is key which emphasizes on how possession states exert a strong influence on the group, then the attribution and healing of possession states are influenced by the social context (Bhavsar, Bhugra & Ventriglio, 2016).

The frequency of various psychosocial stressors and stressful life events in patients presenting with mental health disorder were assessed and identified. Stressors were clearly identified in all patients. In all patients, more than one stressor was found. Patients mostly belonging to a rural background and a lower socio-economic status have higher incidence of conversion symptoms. Among patients, there were (24%) In-laws problems, (23%) Love problems, (21%) Relationship problems with family, (20%) exam/study stress, (15%) marriage against will, (13%) demanding and pampered child, (11%) Issue less, (10%) sexual abuse, (8%) demand of marriage, (6%) overage in wait of marriage, (4%) death of partner, (3%) husband abroad and (3%) patient's engagement break. Conversion disorders have a strong relationship with psychosocial stressors. Research over the past years has established that people's psychological and physical health is affected by life events and identification of these stressors is important for managing mental health disorder. In a similar study, stressors found were educational and study stressors (29%), parental

death/ separation (20%), sexual abuse (20%), sibling rivalry (14%), pampered/demanding child (13%), attention seeking (10%), peer group problems (8%), improper parenting (8%), learned behavior(8%), emotional involvement issues (7%), and adopted child (4%). (Akram, Ali, & Maqsood, 2010; Akram, Ali, & Liqman & Maqsood, 2014).

The present paper highlights the psychosocial factors that act as risk and protective factors in cases of conversion disorders in the Indian Scenario. In the Indian scenario, little research is done on conversion disorder. The psychological nature of conversion disorder is often misunderstood and misinterpreted. The paper gives clarity on the factors that contribute to healing in conversion disorder in the Indian Population. This information will be helpful for mental health professionals in treatment and management of conversion disorder.

Risk Factors in Conversion disorder

Family and Relationship Problems. An Indian study was carried out to determine the nature and pattern of stressors contributing to conversion disorder and to compare the same in both sexes. It was found that conversion disorder develops as reaction to emotional stress in presence of environmental, biological, and personal vulnerability factors or as a part of the current life situation. The stressors identified were of two types- immediate and life time. The stressors that were identified in the study ranged from disturbed related with in-laws, marriage against wishes, disturbed relations with spouse, husband staying abroad, conflict with parents, conflict at work, exam failure, love related problems, death of spouse, and threat to life. It was also revealed that females experienced more stressors in comparison to males. However, lifetime stressors and financial related stressors were common in both genders. Family and relationship related stressors were common in females whereas education related stressors were common in men. It was concluded that all types of stressors were treatable across all genders and age groups (Srivastava & Srivastava, 2011).

Socio Economic Background. It was also found that stressors were determined by age group, the sexual relationship is an important issue in younger age groups and financial issues are important in older age groups. Lower socio economic status and rural population were found to have more conversion symptoms which was explained by dealing with issues of survival and hardships on a daily basis and fewer coping mechanisms available to solve these problems.

Parent Child Relationship. Parents may have unrealistic expectations from their children which they are unable to cope with and it may manifest as conversion disorder. In a study, the most common stress factor and was present in 40% of the children, no monitoring of studies at home, poor communication between parents and poor realization by parents about the child's deficiencies were the common problems. Family dysfunction, as measured by family functioning, child parent interaction and family environmental condition, poor interpersonal relations, poor communication with the family, parents separation or death, has also been found to be an important factor in study and children grooming (Bhatia, Gupta, Singh & Upadhyay, 2010 ; Malhotra & Singh, 2005). A high frequency of family crisis, unresolved grief reactions and family communication problems has been reported in conversion disorder (Maloney & Murasem, 2000). Emotional factors and advantages of playing the "sick role" play a part in continuance of symptoms. The identification of stressors helps in formulating appropriate psycho education of the family and child (Murase, 2000). The common psychological and social stressors included the break-up of intimate romantic relationships, death of a family member or friend, economic hardships, racism and discrimination (Minhas, Mariam, Najam & Nizami, 2005).

Autonomic Arousal. A study was conducted to determine the mechanisms underlying the conversion symptoms. Cardiac measures were used to assess arousal and cardiac autonomic regulation in patients with conversion symptoms. The results revealed that patients with conversion symptoms displayed higher autonomic arousal than the controls, especially with coercive patterns of attachment. Autonomic measures were not correlated with measures of emotional distress. High autonomic arousal may be a precondition for generating conversion

symptoms. Functional dysregulations of the cardiac, respiratory, and circulatory systems may mediate fainting episodes and nonepileptic seizures, and aberrant patterns of functional connectivity between motor areas and central arousal systems may be responsible for generating motor conversion symptoms (Brown et al., 2015).

Healing Factors in Recovery of Conversion disorder in India

State of Trance. Skultans (1987) described trance in female caregivers of individuals affected with conversion symptoms attending a healing temple in Maharashtra, India. In this study, sufferers explained trance as a way of channeling suffering away from the afflicted party and attributing it on the external agency responsible for altering the states of consciousness of the afflicted individual (Bhavsar, Bhugra & Ventriglio, 2016).

Insight. In another study by Jacob (2014), the role of insight has been emphasized upon in the progression and course of conversion symptoms. As opposed to the traditional view, recent view from India argues that insight is secondary to interaction between progression of illness on one hand and local culture and social environment on the other. The findings suggest that "insight" is an explanatory model (EM) and may reflect attempts at coping with the devastating effects of conversion disorders. Like all explanatory models, insight provides meaning to overcome limitations such as disabling symptoms, persistent deficits, impaired social relations and difficult livelihood issues. The persistence of distress, impairment, disability and handicap, despite regular and optimal treatment, call for explanations, which go beyond the simplistic concept of disease.

Occupational Therapy. An Indian based study focused on the role of occupational therapy in bridging the gap between symptomatic improvement and functional recovery in conversion symptoms. It discusses the shift from biomedical approach to biopsychosocial approach as a result adverse medication side effects and interference in socio-occupational functioning. The concept of recovery is viewed having control over life rather than return to pre-morbid level of functioning. Recovery oriented approach argues against just treating symptoms but focusing on building resilience of people with mental illness. The guiding principles of recovery are hope, building a meaningful life, and improved quality of life. In the Indian scenario, occupational therapy as a profession has always asserted on enabling individuals to participate in their socio-occupational roles (Jacob & Samuel, 2017).

Social Roles. In another research study conducted in various Indian cities, consumer perspectives on recovery from chronic conversion illness were obtained which resulted in the development of consumer model of recovery. According to the consumer narratives, recovery was construed in terms of social role functioning rather than personal orientation towards recovery. Consumer narratives also included various recovery related factors such as external locus on control, independence, family involvement, fulfillment of role expectations, social inclusion, and sense of empowerment which were considered important indicators for recovery in individuals with schizophrenia. Hence, the recovery oriented approach focused on a larger framework in contrast to only symptomatic resolution (Gopal & Henderson, 2015). Rehabilitative and recovery model by Deegan (1988) focuses on socio-occupational dysfunction and employs prevocational evaluation, vocational training, and life skills training. Socio-occupational dysfunction can be also managed through social skills training and activity-oriented therapy.

Socio Demographic Factors. In another Indian study (Bhatia, Gupta, Singh & Upadhyay, 2011), clinical, socio-demographic profile and psychosocial stressors in conversion disorder was investigated. As per the investigations, the age range in which the conversion symptoms were most prevalent was 6-18 years. Males outnumbered females in all age groups. Majority of the patients belonged to nuclear families of middle socio-economic status. The common psychosocial stressors identified were related to school, studies, joining of hostel, unrealistic expectations from the child peer related problems, sibling rivalry and family conflicts. Hence, it has been observed that conversion

symptoms were often followed by these psychosocial stressors. Management of the same could aid in recovery of the client.

Peer Support. A study emphasized upon the role of peer support to persons with conversion symptoms by individuals who have previously experienced mental health problems (Davidson et al., 2006). Peer support is based on the idea that a person who has experience of a mental health problem is better placed to empathize and understand the difficulties and barriers to recovery of another. Mutual sharing and peer modelled learning may help promote self-efficacy and recovery (Salzer & Shear, 2002). Although recent policy reform in India falls short in directly supporting the development of peer support services, the implementation of new law and experience from initial attempts to incorporate peer support inmental health services in Gujarat represents a potential opportunity (Kalha, Krishnamoorthy & Pathare, 2018).

Discussion

The determinants of help-seeking behavior of families of patients diagnosed with conversion disorder revealed that various indigenous belief systems about the causes of illness affected the patterns of help seeking behaviors of such families. The cultural beliefs affected the time lag between the first attack and first consultation, health based decision making and nature of first contact healers (faith healers or modern medicine practitioners). This led to the development of indigenous explanatory model of mental illness (Banerjee & Roy, 1998).

Clinical and socio-demographic profile of patients with conversion disorder was studied. It was found that eighty two percent of the subjects had at least one psychosocial stressor. They included financial difficulties, parental discord, school related adversities and child sexual abuse. Early diagnosis and presence of precipitating factors were associated with a favorable outcome. Appropriate intervention was also reported to predict favorable outcome in terms of recovery. Easy temperament and younger age was correlated with recovery of the patient (Girimaji et al., 2006).

A review article on helping families of persons with mental illness with psychiatric social work reflected about the role of family in cure and recovery from conversion symtpoms. Studies revealed poor adaptation and functioning in families with severe mental illness. Family dysfunction was associated with the cause and outcome of mental illness. Families lack knowledge regarding illness management, therefore, guidance and support from mental health professional aid in recovery from mental illness. It is essential to assess needs of the families followed by encouraging families in actively participating in the therapeutic process. The role of the mental health professionals that can aid in recovery are hope instillation, psychoeducation, give an explanatory model of illness, goal setting, building social support, encouraging lifestyle changes, emphasizing on role restructuring in family, enhancing communication and problem solving skills, treatment compliance and relapse prevention education (Bhattacharjee & Sharma, 2017).

Conclusion

The study highlights the psychosocial factors identified in conversion disorders in the Indian Scenarios. Various risk factors such as dysfunctional relationships, lowered socio-economic status, younger age group, female gender, and heightened autonomic arousal were identified in conversion disorders. The factors that facilitate recovery and healing in conversion disorder are state of trance, presence of insight, peer support, male gender, older age, adequate socio-occupational functioning and occupational therapy. Awareness of these psychosocial factors can be helpful for various mental health professional in providing mental health aid to individuals with conversion symptoms through addressing their risk factors and building upon the protective factors. The limitations of the study is that little research has been done on conversion disorders in the Indian origin leading to less exploratory review and scope of misinterpretations and gaps in research.

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