BELIEFS AND ATTITUDES OF FAMILY MEMBERS TOWARDS PATIENTS SUFFERING FROM CONVERSION DISORDER

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ABSTRACT

Objective: To evaluate the attitudes and beliefs of family members towards patients suffering from conversion disorder.

Design: Descriptive Cross Sectional study.

Place and Duration of study: The study was carried out in khalifa Gul Nawaz Teaching Hospital Bannu, Pakistan, from Februay to May 2013.

Subjects and Methods: A consecutive sample of sixty patients, suffering from conversion disorder was approached for the study. Family members were interviewed, using the Urdu version of a questionnaire modified from that of short explanatory model interview (S.E.M.I) by Jackob et al. Data was analyzed by SPSS version 15 using descriptive statistics.

Results: Among sixty family members interviewed 56(93.6%) were males, and 30% of them were uneducated. Clinical presentation in most of the patients was in the form of pseudo seizures. One third of the family members were of the view that conversion symptoms were precipitated by stressful events in the close environment. One third of the informants thought that some of the close relative's behavior was working as maintaining factor behind the mental illness. Most of the family members visited psychiatric facility at "other's" advice. Before contacting the nearby mental health facility most of patients were first taken to faith healers (87%). Ninety percent of them did not agree with any form of punishment therapy for their patients.

Conclusion: Majority of family members had reasonable awareness about the psychological nature of the problem. However they also believe in spiritual and super natural forces as causative factors behind the common psychiatric disorder.

Key words: Conversion disorder, Beliefs, Attitudes, Mental illness.

INTRODUCTION

Conversion disorder is a common psychiatric disorder in the community population and more frequent in hospital settings leading to high health expenditure. In a general hospital setting 5 to 14% of all psychiatric consultations are related to diagnosis and management of dissociative symptoms[1-2]. More over consequent upon social and functional impairment it not only affects the patients but also puts significant burden on the care givers as well. One of the characteristic features of conversion disorder is the presence of internal and external conflict that is why symptom formation and outcome of this important psychiatric disorder is largely determined by the environmental factors and belief system of the people around[3]. Reduction of reinforcement is an important management strategy in this psychological condition which in turn depends upon the psycho-education and perception of close family members about nature of the illness. So it is useful to understand conversion reaction from a multidimensional approach such as biological, psychodynamic and sociocultural explanations[4].

To our knowledge, no study has been conducted on these important issues in Pakistan and literature scares in international studies as well. Present study is aimed to know about the attitudes and beliefs of the family members in patients suffering from conversion disorder.

SUBJECTS AND METHODS

This was a descriptive cross sectional study. Family members were interviewed using the urdu version of a questionnaire modified from that of short explanatory model interview (S.E.M.I) by jackob et al. The questionnaire included questions pertaining to the family beliefs about the nature and causes of mental illness , factors affecting the course of psychiatric disorders and preferred

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treatment options.

Family member was defined as" any close relative (father, brother, mother, Husband etc) living continuously at least for the last one year with patient and between the age of 30 to 60 years. Consent was taken from the patient as well the family member before the interweav. Conversion disorder was diagnosed according to the criteria of ICD-10[5].

All patients male or female between the ages of ten to forty five years and meeting the criteria for conversion disorder were included in study .patients with associated severe medical condition, mental retardation or drug abuse were excluded. Data was analyzed by SPSS version 15 using descriptive statistics.

RESULTS

Among 60 family members interviewed 56 (93.3%) were males. Thirty percent of them were uneducated, 36.6 % were educated up to middle level while 20 % of them were matriculate (Table 1).

In relations, 20 (33.3%) were husbands, 32 (54%) were parents, sisters or brothers , while 8 (13.3%) were in-laws (Table 2). Clinical presentation in most of the patients was in the form of pseudo seizures (86.6%), followed by paralysis (6.6%), and psychogenic vomiting (3.3%) (Table 3). Regarding attitudes and beliefs one third were of the view that symptoms were precipitated by stressful events in the close environment while one forth were taking the cause as interpersonal conflict. Majority of the family members did not believe in any personal mistake of the patient which may have led to the development of the symptoms.

About one third of the informants thought that some of the close relatives or family member's behavior was working as precipitating or maintaining factor behind mental illness. About 27 % of the informants believed in "JINS"(supernatural forces) and "Taveez"(spiritual factors) to major cause of illness. More than forty four percent of them were not afraid of any disastrous outcome of the illness. However 7% of the sample had apprehensions of suicide in their patients.

Most of the members (47%) visited psychiatric facility on other's advice while more than 40% had to take decision because of exacerbation of symptoms. About half of the members were of the view that severity of symptoms is directly related to level of stress in the environment, however 40% of them did not have any idea about the causes for fluctuation of symptoms (Table 4).

Majority of family members (90%) were satisfied with the treatment given to their patients.

Before contacting the mental health facility most of them were taken to the faith healers (73%), followed by

Table 1: Educational status

S.No	Education	Number	Percentage
1	Uneducated	18	30%
2	Primary	14	23.33%
3	Middle	8	13.33%
4	Matric	12	20%
5	Intermediate	5	8.33%
6	Graduate	3	5%

Table 2: Clinical Presentation

S.no	Presentation	Number	percentage
1	Pseudo seizures	52	86.6%
3	Paralysis	4	6.6%
4	Psychogenic vomiting	2	3.33%
5	Hiccups	2	3.33%

Table 3: Relation with the patient

S.no	Relation	Number	Percentage
1	Husband	20	33.3%
2	Father/Mother	20	33.3%
3	Brother/Sister	12	20%
4	In-laws	8	13.3%

Table 4: Reasons for contact with health facility

S.no	Reasons	Number	Percentage
1	Advice from others	28	46.6%
2	Symptoms worsened	26	43.3%
3	Doctor	4	6.6%
4	Hakeem	2	3.3%

Table 5: Previous contact with treatment source

S.no	Source	Number	Percentage
1	Maulana/Peer	44	73.3
2	Doctor	28	46.6%
3	Taveez	16	26.6%
4	Hakeem	2	3.3%

doctors and" Hakeems" (traditional healers) (Table 5).

About one third of the family members tried to treat their patients on their own by traditional remedies or by allopathic medicines such as antiulcer medicine, pain killers or hypnotics. Ninety percent of them did not agree with the punishment therapy for their patients. Similarly more than 75% of the sample did not accept the idea that symptoms were intentionally produced. Only 7% of them believed in contagious nature of the illness and about three fourth had the conviction that present disorder was psychological/ neurological problem rather to be a medical problem.

DISCUSSION

Traditionally the prevalence of conversion disorder has been found high in the rural areas and among the undereducated and lower socioeconomic groups of the community[1]. Beliefs of the patients and the community both reinforce and sustain each other in presentations and determining the outcome. Among the sample interviewed more than 50% 0f the family members were either uneducated or they had education up to the primary level which can affect their attitudes towards mental illness[6-7].

Majority of the patients admitted were females (more than 90%) which are significantly different from the prevalence and pattern of psychiatric morbidity mentioned by Maqsood et al[8]. They have mentioned almost equal number of males and females in psychiatric morbidity. It may reflect the cultural difference and attitudes towards psychiatric illness among two communities. Major presentation of conversion disorder was in the form of pseudo seizures which is in line with study carried out in another district of the same province[9].

More than half of the family members were taking stressful events or interpersonal conflicts as precipitating factor for the development of symptoms which is encouraging in a way that their views are in line with established psychopathology of conversion disorder (ICD 10)[5]. The same was reported by Jones and Marshal[10-11]. These findings are also in line with those of Nazar et al[12].

In relations there was equal combination of paternal and in law's relative. So our sample well represents the beliefs of two socially different groups.

About one third of the members held the view that close relative's behavior was precipitating and maintaining the symptoms in their patients. These beliefs also support the idea of social stressors working behind the psychopathology of conversion reaction. About one fourth of the sample was attributing mental illness to "JINS" and "TAVEEZ" that is to supernatural and spiritual forces respectively. It is quite representative of the general spiritual and belief system of the community. Similar findings have been reported by Grab J et al in a study carried out in Malawi[13].

Reasons for contacting mental health facility was the "advice by others" in about half of the cases. The "others" in this case included the general public and the faith healers equally. However advice by the health professionals was reported in less than 10% of the cases which is alarming in a way. It also shows the traditional pattern of utilizing the health facilities in the developing country like Pakistan.

About half of the members were directly relating the fluctuation in severity of symptoms to the level of stresses experienced by the patient, supporting the psychological model of conversion reaction. The same was reported by Magalino etal in 2001and 2004[14-15]. These findings can be of much help in applying psychological interventions in the sample studied such as problem solving counseling or supportive psychotherapy.

Satisfaction level of the relatives with management strategies was quite satisfying in a way that more than 90% of them agreed with the type of treatment given to their patients during indoor stay. In 87% 0f the cases patients were first taken to the faith healers and interestingly more than half of them were referred back to the nearby mental health facility. All these findings demand for a good liaison between traditional healers and mental health professionals to improve the services delivery in the community.

More than 90% of the members did not agree with the punishment therapy in any case, supporting the spirit behind the treatment options discussed in mental health act 2001[16].

CONCLUSION

Majority of family members have reasonable awareness about the psychological nature of conversion disorder. Howe ever they also believe in spiritual and supernatural forces as the causative factors behind this common psychiatric disorder. In this background interventional strategies based on religious and cultural beliefs are hereby suggested.

LIMITATION

Only available family member was interviewed, who may not reflect the universal beliefs of the whole family. Answers to some of the questions may be affected by social desirability bias. Present study reflects the beliefs and attitudes of a specific, mainly tribal community of province of Khyber Pukhtoonkhwa, so the results cannot be generalized to the whole country.

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