

## Socio-demographic and Clinical Profile of Persons with Dissociative Disorder

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### ABSTRACT

**Background:** Dissociative (Conversion) Disorder is a partial or complete loss of normal integration between members of the past (ICD 10 DSMR). In mental health "Dissociation" is defined as an unconscious defence mechanism involving the segregation of any group of mental and behaviour processes from the rest of the person psychic activity. Some of the studies reported that a higher frequency of childhood abuse in people with D(C)D. There are many risk factors with D(C)D as well. **Methodology:** The study was conducted from June to September 2019 with 60 persons suffering from D(C)D, visited in OPD of IOP – COE was taken for the study. All the persons were diagnosed by a registered psychiatrist by following the criteria of ICD 10 DCR in OPD of IOP-COE were taken for consideration. There all persons were informed about the study and written consent was taken for inclusion. Then DES administer and scored above 30 were taken up for study. Then the person with D(C)D was evaluated for socio-demographic variables and clinical presentation on semi-structured proforma. **Result:** The majority of persons with D(C)D fell between the age range of 18-55 years. Also, the majority of persons belonged from the low socio-economic status from female category and many persons presented with a history of childhood traumatic experiences. **Conclusion:** D(C)D are commonly seen in females, they are always present in childhood trauma especially emotional ones are present from childhood.

**Keywords:** Conversion, dissociation, socio-demographic, clinical factor

### INTRODUCTION

Dissociative (Conversion) Disorder is a partial or complete loss of normal integration between memories of the past (ICD-10 DCR). In mental health, "Dissociation" is defined as an unconscious defence mechanism involving the segregation of any group of mental and behaviour processes from the rest of the person psychic activity. There are many risk factors for Dissociative (Conversion) Disorder as well as a life event, stress, childhood trauma. Life events have been traditionally appraised as one type of stressor (Ogawa et al., 1997). Life events are defined as discrete experiences that disrupt someone's usual activities, causing a substantial change and readjustment. A life event such as marriage, divorce, accidents, illness or injury and losing a job or someone death. Stressful life events are notable and those discrete changes in life patterns bring problems in daily life, changes in usual behaviour and threaten personal well-being. Some of the studies reported that a higher frequency of childhood abuse in people with Dissociative Conversion Disorder (Dar et al., 2018). "Traumatic dissociation" originated from traumatic stress and various dissociative phenomena (Janet, 1889). Negative, uncontrolled events are stressful than positive controllable events in someone's life. It is broadly or narrowly defined; many dissociative phenomena have a pervasive relationship with traumatic stress which is derived from any negative life event. Trauma is related to negative life events. "traumatic dissociation" originated from traumatic stress and various dissociative phenomena.

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**Aim:** The aim of this study was to assess on Socio-Demographic and Clinical Profile of a person with Dissociative (Conversion) Disorder.

## **METHODOLOGY**

The study was an institution based explorative study. The study was conducted at the Institute of Psychiatry - A Centre of Excellence, Kolkata. Persons with dissociative (conversion) disorder attending the Outpatient Department of Institute of Psychiatry, Kolkata, India were taken into study using purposive sampling a total of 60 samples were recruited. Sixty persons diagnosed with Dissociative (conversion) disorder diagnosed by a psychiatrist following the criteria of ICD-10 Diagnostic Criteria for Research will be selected from the outpatient department of the Institute of Psychiatry Centre of Excellence. Inclusion criteria for the patient: Married and unmarried both, staying together with the person with Dissociative (Conversion) Disorder for at least 1 year, aged between 18-55 years. Respondents who can comprehend and speak one of these languages: Bengali, Hindi or English. Willing to provide consent for the study. Dissociative motor disorder dissociative convulsions disorder criteria fulfilled as per ICD-10 DCR criteria.

## **RESULTS**

The majority of persons with Dissociative (Conversion) Disorder fell between the age range of 18-55 years. Also, the majority of persons belonged from the low socio-economic status from female category and belongs to joint family type. Many persons presented with a history of childhood traumatic experiences.

### **Socio-Demographic Profile of Person with Dissociative Disorder**

The socio-demographic data which is a semi-structured data sheet was used to study the information on the basic socio-demographic information of the person with Dissociative (Conversion) Disorder.

Table 1 shows the mean age of the person with Dissociative (Conversion) Disorder was  $26.32 \pm 8.13$  within the range of 18 -34 years. Among the majority of persons with Dissociative (Conversion) Disorder, 95% were found to be Female and 5% were male. Among 60 persons with Dissociative (Conversion) Disorder.

86.7% were found to be speaking in Bengali, 13.3% in Hindi. 56.7 % with Dissociative (Conversion) Disorder were married, 36.7% were unmarried and the rest 6.7% were separated. While assessing the domicile 53.3% of the persons were found from a rural area, 35% from the semi-urban background, and 11.7% from urban. Among the majority of sample 28.3% studied up to secondary, 26.7% up to higher secondary, 25% studied up to primary standard, 13.3% had no formal education, 6.7 % up to graduation Among 60 participants with Dissociative (Conversion) Disorder. 53.3% were found to be Hindu and 46.7% were Muslim. The result of the current study reveals that 55% were housewives, 31.7% were students, 8.3% were self-employed, 3.3% were full-time employees, and 1.7% was part-time employed. The average monthly income of persons with Dissociative (Conversion) Disorder was Rs. 11996 in a month.

**Table 1 Socio-Demographic Profile of Person with Dissociative Disorder**

Variables	Categories	N=60	Percentage
Age (Mean +_ SD)		26.32 ± 8.13	
Sex	Male	3	5.0%
	Female	57	95.0%
Mother Tongue	Bengali	52	86.7%
	Hindi	8	13.3%
Marital Status	Married	34	56.7%
	Unmarried	22	36.7%
	Separated	4	6.7%
Domicile	Rural	32	53.3%
	Semi-urban	21	35.0%
	Urban	7	11.7%
Education	No formal education	8	13.3%
	Primary education	15	25.0%
	Secondary education	17	28.3%
	High secondary	16	26.7%
	Graduation	4	6.7%
Religious	Hindu	32	53.3%
	Muslim	28	46.7%
Occupation	Self-employed	5	8.3%
	Employed full time	2	3.3%
	Employed part-time	1	1.7%
	Student	19	31.7%
	Homemaker	33	55.0%
Average Monthly Income		Rs.	11996

**Clinical Profile of Persons with Dissociative Disorder**

Table 2 shows the duration of illness was 23.89+11.84. The treatment duration revealed among 60 participants 100% were found to receive pharmacological treatment.93.3 % were found to have the non-pharmacological treatment and 5% were not receiving non-pharmacological treatment. 46.7 % person with Dissociative Disorder was admitted to the hospital and 53.3% person was not admitted to the hospital.

**Table 2 Clinical Profile of Persons with Dissociative Disorder**

Variable	Categories	N = 60 (%)
Duration of illness (Mean + SD) in months	23.89 + 11.83	
Treatment duration (Mean + SD) in months	20.4 + 10.52	
Presence of pharmacological treatment	Yes	60 (100%)
	No	0
Presence of non-pharmacological treatment	Yes	56 (93.3%)
	No	3 (5.0%)
Number of hospitalizations	Yes	28 (46.7%)
	No	32 (53.3%)
Family history of psychiatric illness	Yes	24%
	No	36.7%

**Table 3 Factors Contributing to Dissociative Disorder**

Categories	Subcategories	Respondents
Childhood trauma	Child sexual abuse	5 respondents
	Child physical abuse – parental violence.	9 respondents
	Expressed emotion (critical comment, Hostility)	10 respondents
Unhealthy family function	Unhealthy affective involvement, Unhealthy behavioural control, Unhealthy problem-solving, Unhealthy communication	13 respondents
Domestic violence	Marital Conflict and Family Conflict	13 respondents
Negative life event	A major accident, death of closed ones, divorce, losing a job	10 respondents

## DISCUSSION

In this present study, the socio-demographic background and clinical profile of the persons with Dissociative Conversion Disorder were assessed which states that the mean age of the person with Dissociative (Conversion) Disorder is between 18 -34years, which means mostly Dissociative (Conversion) Disorder were found in their 30s. It is similar to the finding of the study by Alvi and Minhas (2009). The present study stated that 95% of the persons with Dissociative (Conversion) Disorder are mostly female and 5% were male which implicates that Dissociative (Conversion) Disorder is more prevalent in a woman than men, it is similar to the finding of the study by Deka et al. (2007). The present study stated that majority 56.7% of the respondent were married and 36.7% of respondents were unmarried, which contradicts the finding of a study by Dar et al. (2018). The finding shows that among the persons with Dissociative (Conversion) Disorder 53.3% resides in a rural area and 35% in a semi-urban area, 12% in an urban area which is not consistent with research done by Devenci et al (2007). The present study stated that the majority of 86.7% of respondents was mother tongue were Bengali, there was no specific study that suggested the same. The finding of the present study states that among the majority of the participants 53.3% are Hindus and 46.75% were Muslim which is a similar finding of the study by Reddy et al (2018). The educational background of the present shows among the majority of the persons with Dissociative (Conversion) Disorder

only 28.3% secondary education, which is the similar finding of the study by Deka et al (2007) and another study by Karki et al (2018). Though there is no specific study that suggests the same the present study reveals that among 60 respondents 55% are homemakers 31.7% are a student and 13.3% belong to other professions. The clinical profile of the present study represents that the mean duration of illness  $23.89 \pm 11.83$  and the mean duration of treatment is  $2.04 \pm 10.52$ , there is no specific study that suggested the same. As we know that the biological factors are one of the important issues of mental illness, the result of the present study reveals that among the majority 36.7% has no family history of mental illness which is a similar finding of the study by Deveci et al (2007). Though there is no specific study that suggested the same the present study reveals that among 60 participants, the majority of 93.3% of participants received non-pharmacological treatment and only 5% of participants is not receiving non-pharmacological treatment. By using Clinical profile proforma the present study represents that stressor or precipitating factors are present in Dissociative (Conversion) Disorder. This finding of the study is consistent with another past study by Dar et al (2018). Another finding present study revealed that childhood trauma is emotional abuse in Dissociative Conversion Disorder which is similar to the study by Verma et al (2017). In another word, the result of the present study stated that childhood trauma can be a stressor in Dissociative (Conversion) Disorder. So, it is broadly or narrowly defined; many dissociative phenomena have a pervasive relationship with traumatic stress which is derived from any negative life event. (Ogawa et al., 1997). Trauma is related to negative life events. "traumatic dissociation" originated from traumatic stress and various dissociative phenomena. (Janet 1889). By using Clinical profile proforma the present study represents that stressor or precipitating factors which are present in Dissociative (Conversion) Disorder. The factors are Childhood trauma, unhealthy family functioning, Negative expressed emotion, Domestic violence, Negative life events. This finding of the study is consistent with another past study by Dar et al (2018).

**Limitations:** The sample was gathered from one centre only. Also, the small sample restricted the generalization of the study to a larger population. Purposive sampling limits the generalizability of the findings of the study. No standardized tool was used to assess childhood trauma or any other life events or to assess the socio-demographic profile of persons with Dissociative (Conversion) Disorder. Relations between inter domains of social and clinical profiles would have given so many other aspects.

**Implications:** However, insights into the elaborated demographic variables of this disorder can make a better understanding while planning psychosocial intervention for these clients.

**Future Directions:** The study can be taken further with a large sample. A comparative study with any other group of disorders can be done. This study can be done by using trauma or life event assessment questionnaires. So, it will be useful for a longer outcome of the treatment process.

## CONCLUSION

From this study it can be concluded that; Dissociative Disorder is commonly seen in females, adolescents and the majority of persons with Dissociative Disorder belong to rural areas, they are always present in childhood trauma especially emotional ones are present from childhood.

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