Family Intervention with Dissociative Conversion Disorder: A Case Study

Soumi Khan[1]*, Ilora Barik Sil[2]

ABSTRACT

Background: Dissociative conversion disorder is a somatic manifestation of mental distress in response to a psychological conflict or other stressors. Recent studies have focused on the importance of family therapeutic interventions to combat such mental distress. **Method:** By utilizing a case study method, an effort has been made to assess the impact of Family Therapy on a case of Dissociative Conversion Disorder. Structural family therapy used with the family was joining, structural mapping, restructuring and enactment. A total of 12 sessions were conducted with the client and the family members, which were twice every month. All these sessions occurred at the out-patient department of the Institute of Psychiatry. **Results:** Significant changes were noticed in the client and the family after twelve family therapy sessions wherein different family issues were treated. **Conclusion**: Structural family therapy emphasizes on a model that is effective and clearly defined. It is focused on restructuring the family by working on dysfunctional interactions and the role of Psychiatric Social Work is much emphasized in the current scenario.

Keywords: Family therapy intervention, dissociative conversion disorder, case study

INTRODUCTION

Dissociative conversion disorder is a psychosomatic expression of mental distress and agony caused due to the psycho-social stressor or self-experienced threat of the individual. It is also named as pseudo seizures or psychogenic non-epileptic seizures. It has been commonly observed in most studies that dissociative disorders occur mostly in people younger than 30 years of age and the mean age group ranges between 22 to 25 years (Chand, 2000; Dhanaraj et al., 2005). In the Indian joint family system non-epileptic attack is highly prevalent. The cause of it may be that before marriage, a woman lives with their parents and siblings but after marriage, she has to adjust to a newer environment consisting of her husband, in-laws, and other relatives and children. In any case, if she fails to adjust with her in-laws, it results in misunderstanding and quarrel which further leads to adjustment problems within the families resulting in various mental health conditions. Stressful family events are unique to the Indian family and become the most provocative factors for Dissociative conversion disorder. Recent advances in research have also focused on the need for family therapy in treating Dissociative Conversion Disorder as the majority of the problems that emerge from dysfunctional families. The aim of the study was to assess the impact of family therapy intervention in a person with Dissociative Conversion Disorder. This study emphasized on restructuring the dysfunctional family interactions and enhancing problem-solving ability.

According to Gurmanetal (1986) “Family therapy may be defined as any psychotherapeutic endeavour that explicitly focuses on altering the interactions between or among family members and seeks to improve the functioning of individual members of the family.” Family therapy is the most effective strategy as Dissociative Conversion Disorder may largely result from problems related to the dysfunctional family.

Jimenez et al. (2019) in a study on the effectiveness of structural strategic family therapy with adolescents involved in mental health services and their families at Southern Spain in which 41 parents and adolescents participated revealed that in adolescent problem behaviour both at the external and internal level the usefulness of structural-strategic therapy was emphasized.

[1]M.Phil.Trainee, [2]Assistant Professor, Department of Psychiatric Social Work, Institute of Psychiatry, Kolkata, West Bengal India *Email: soumi0411@gmail.com

The result also explained as a direct effect of the intervention or as an indirect effect in improvements in family functioning, parental practices, parental sense of competence and parenting alliance.

Roy et al. (2017) conducted a study on the qualitative aspect of family therapy practice specific to families of children and adolescents having psychosocial problems in India. The result revealed that family therapy was vital for those families having children and adolescent with psychiatric disorders which lead to academic decline and loss of parental control that was manifested as the main reasons for seeking help. Integration of models was noted to be beneficial. Therapeutic alliance, cultural issues like the gender of therapist, their cultural belief model and therapist's cultural competence was recommended for consideration.

Ozcetin et al. (2009) conducted a study on childhood trauma and dissociation in women with pseudo-seizure type conversion disorder. The result revealed that Dissociative Conversion Disorder was associated with psychological factors because of the presence of conflict and other stressors.

METHOD

By utilizing the case study method, an effort has been made to describe the issues of family stressors and the need for the family therapy intervention in a case of Dissociative Conversion Disorder, seen in a tertiary-care centre in Kolkata, West Bengal.

The client came for treatment at the Out-Patient Department of Institute of Psychiatry, Kolkata, West Bengal. She was referred for Family Therapy at Psychiatric Social Work Department. The structural family intervention was planned and sessions were taken at an interval of 15 days. Altogether 12 sessions were held to enhance the family functioning of the client.

Index client Mrs. K.M., 25 years old, Bengali, married, Hindu, female, from the middle socioeconomic status of a sub-urban area, studied up to class XII, presented with the complaints of headache, feeling sad, repeated loss of consciousness, unable to recognize family members, since last one month with the precipitating factor of being ridiculed by mother-in-law, inability to adjust in a family of procreation, perpetuating factor being over-involvement of husband with mother-in-law and critical comments from the later in husband's absence with the insidious mode of onset, continuous course, deteriorating and progressive in nature, with family dynamics revealing the multiplicity of the role, absence of spousal subsystem, lack of reinforcement, lack of cohesion, presence of role burden, poor adaptive patterns and negative expressed emotion including critical comments. Mental status examination revealed depressed mood, ideas of hopelessness, helplessness and worthlessness with grade III insight.

For the last one month, the client lost consciousness intermittently, without having any tonic-clonic contraction of limbs, had no evidence of frothing, tongue biting and incontinence of urine and stool. She remained unconscious for a minimum of 20-30 minutes to one hour.

PSYCHOSOCIAL INTERVENTION

A total of 12 sessions lasting for 45 minutes to 60 minutes were conducted with the client and the family members, which were twice every month. All these sessions occurred at the out-patient department of the Institute of Psychiatry.

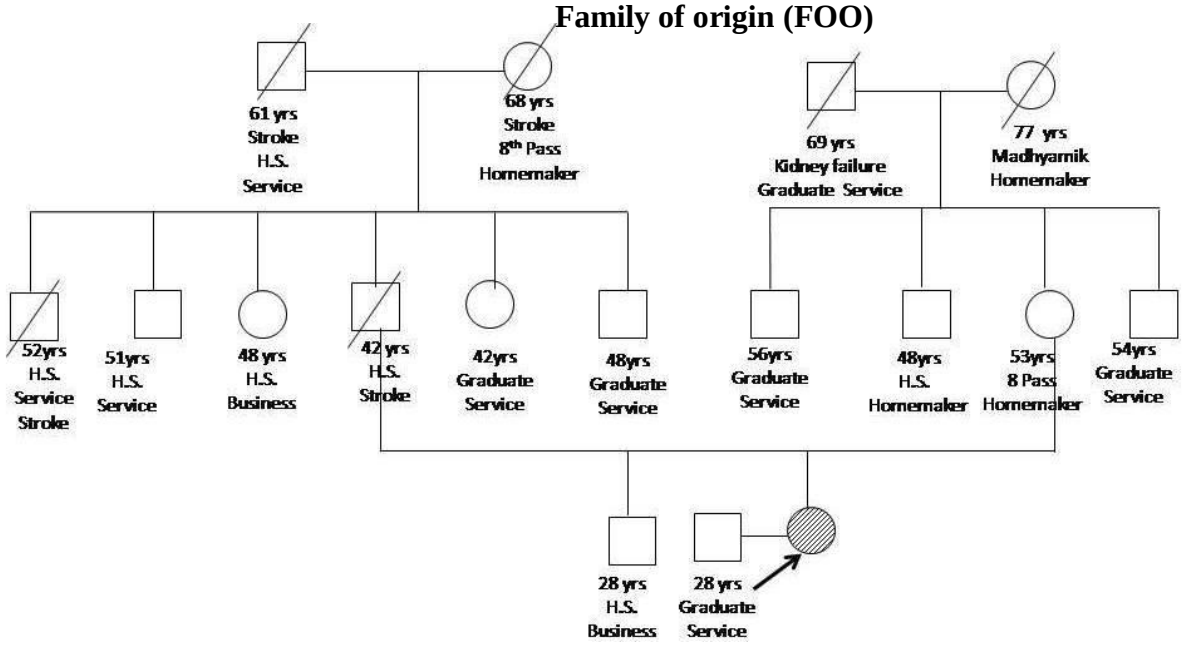
Session 1: In the initial session, the individual session was conducted with the client, her husband and maternal uncle in the department of psychiatric social work. After a warm welcome and explaining the therapy procedure, the psychosocial assessment was started. Initially, client cried the entire session and expressed her death wishes only.

Session 2: It focused on the treatment and the relationship to recovery. This is the diagrammatic representation to promote treatment adherence - both pharmacological and non-pharmacological.

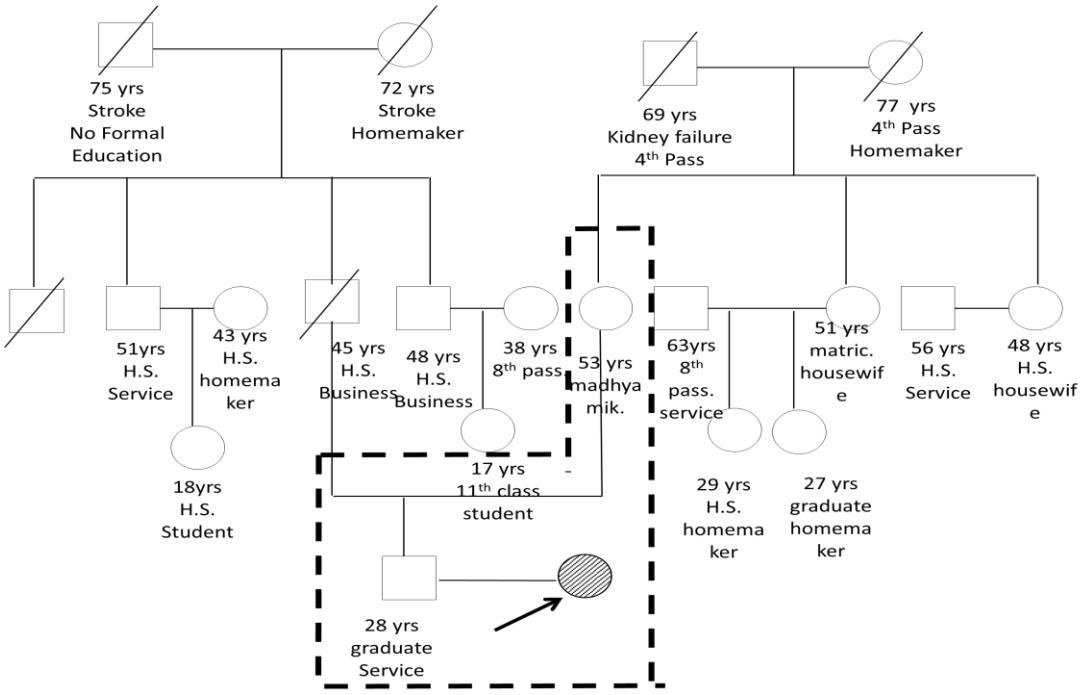
FACTOR		RELATIONSHIP TO RECOVERY
Adherence to treatment	⇒	People who takes medication and adhered to treatment are more likely to recover
Access to care	⇒	Better access to continuous care, including medication and supportive environment.

3rd generation genogram was constructed after focusing on active listing and confirmation of keeping secrets to self.

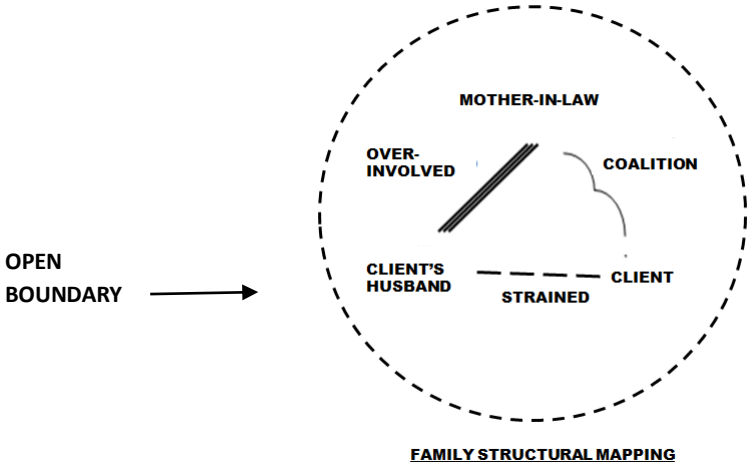
Family of origin (FOO)



Family of Procreation (FOP)



Session 3: In this session, the courtship period was explored and the therapist focused on the family structural map which is given below. This map shows an open family boundary, enclosing a parental subsystem characterized by the mother's over-involvement with her son who in turn is in strain relationship with her son's wife (client). The map also shows a coalition between client and her mother-in-law.

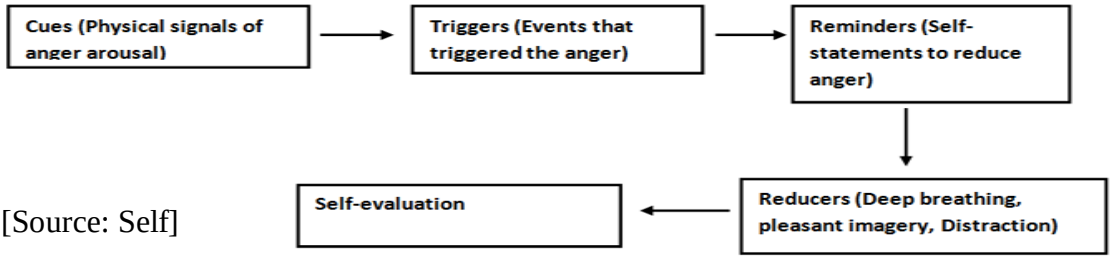


FAMILY STRUCTURAL MAPPING

[Source: Self]

Session 4: In this session, the healthy coping mechanism was focused; joining in close position was utilized wherein the therapist searched for positives for rewarding family members, identified areas of pain and stress which were the contributing factors for the illness and responded to them with sensitivity. The family members were accepted, given due to dignity and were recognized in their area of difficulty without being criticized.

Session 5: Critical aspects of communication and reducing anger control techniques were focused and the therapist explained five sequences.



[Source: Self]

Session 6: Concept of the need for the formation of strong spousal subsystem was emphasized. A task to improve Quality of life (QOL) was focused and the couple has explained the need for spending quality time. The conjoint session revealed the hour of quality time between the couple after the husband's return from the office (in the evening) as the husband left for work early in the morning. Joint tasks like sharing of the routine chores were entrusted.

Session 7: In this session improvements were reviewed, difficulties in the formation of spousal subsystem were explored and problem-focused coping strategies were emphasized to deal with the issues emerging in the sessions and in the task entrusted. The couple reported a 45% improvement in their relationship. It was revealed in the session that the involvement of mother-in-law in their spousal subsystem was the contributing factor towards the other 55% deterioration. The need for including mother-in-law in the next session was emphasized by the therapist and co-therapist, to which the couple agreed.

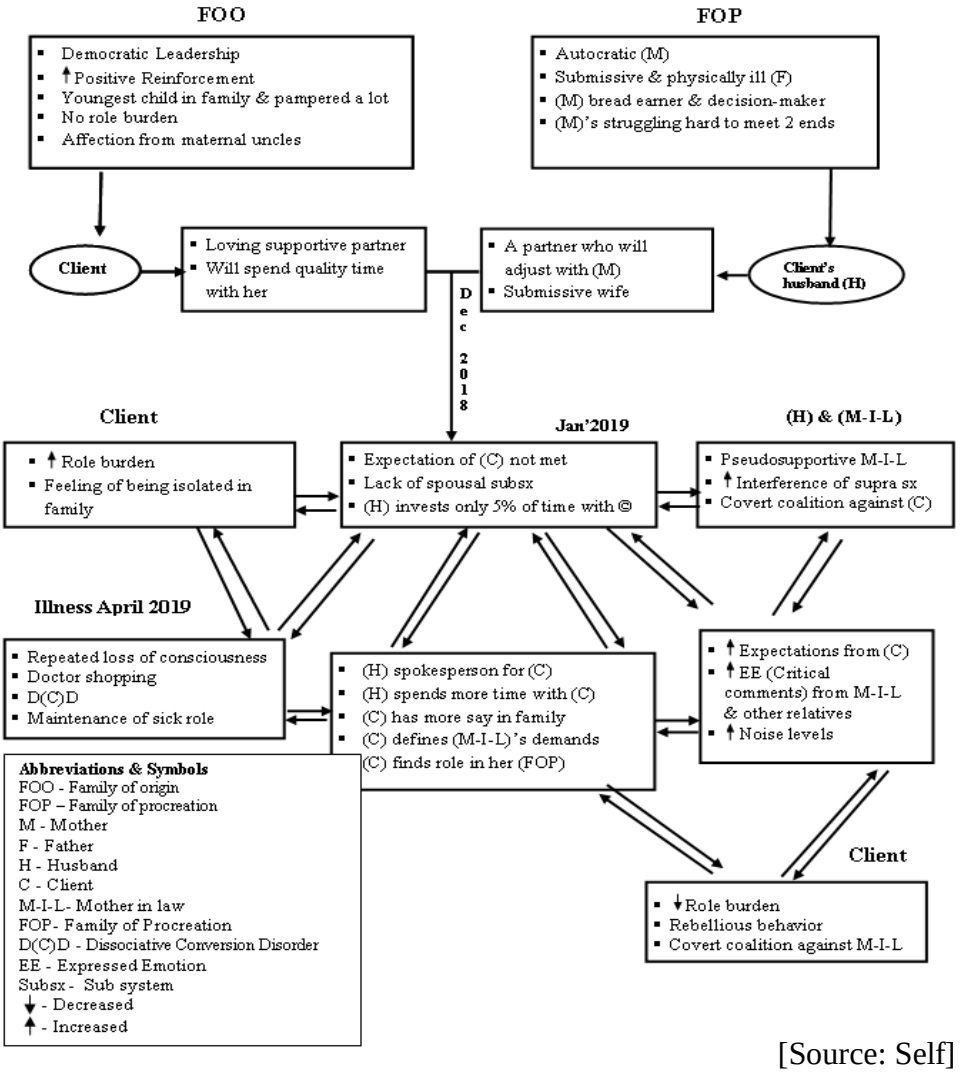
Session 8: Conjoint session with a client and her mother-in-law was conducted. The therapist used the technique of enactment to explore dysfunctional transactions. As a part of therapeutic intervention, the therapist encouraged both of them to discuss and negotiate their joint functioning for household activities and indeed the future of the happy home. The family enacted their style of relationship in the session and the therapist used this family drama to help them with difficulties.

Session 9: A Circular hypothesis was formed and feedback was given to the client and her family members which are given below.

Session 10: Home visit was done to explore the family environment and living patterns. The restructuring was used to modify certain structural changes within the family.

Session 11: Therapist focused on Family sculpting technique in this session. Therapist introduced the idea of sculpting to the family. Each member was chosen as a sculptor one by one and the other members of the family were asked to stand up and then move to the position and posture the therapist directed. The therapist focused on two elements in this session- i) The Challenge and ii) The Support.

Session 12: Possibility of occupational involvement of the client was explored with the family. This session focused on the acknowledgement of the more proficient and competent aspects of the client and the involvement of all the family members paved a way towards the harmonious relationship within the family.



[Source: Self]

DISCUSSION

Family therapy is extremely helpful as it not only addresses the current problem but also improves the scenario of the dysfunctional family structure. It is noteworthy that the clinical presentation of depression in Dissociative Conversion Disorder can appear in the course of the illness, leading to irritability, anger, guilt, suicidal ideation or attempts (Beletsky et al., 2012).

In the present case study, psycho-social stressors including critical comments and negligence from immediate family members were found to be one of the main reasons of Dissociative Conversion Disorder of the client and with the ongoing family therapy sessions, client and her family members were helped to recognize the problem and work on healthy adaptive patterns by restructuring the family strategies and functioning. Studies reported that clients who continue to be followed by the pharmacological, as well as non-pharmacological treatment, do better than a client who did not adhere to treatment after diagnosis (Goldstein et al., 2010).

The impacts of the case-study were as follows:

i. Family members had a better understanding of the client's illness;
ii. Negative expressed emotion (critical comments from mother-in-law) and over-involvement of husband and mother-in-law were altered and channelized;
iii. Existing family structure was altered enabling democratic participation of all members and the development of 'we-feeling' in the family;
iv. Role allocation was made adequate reducing multiplicity and role burden in the client;
v. Clarity regarding 'Boundary' was achieved and involvement of supra system reduced;
vi. Spousal subsystem between client and husband was made stronger;
vii. Client and husband reported getting ready for future planning extension of further rooms and family planning endeavours;
viii. The family reported that even clinically client's psychopathology has reduced and she is currently functioning at 98 per cent premorbid levels (occasional anger outburst and crying spells but no loss of consciousness).

CONCLUSION

This case study has depicted diverse family stressors leading towards the clinical manifestation of Dissociative Conversion Disorder. The findings have reflected the need for both the client and the family to adopt the strategies to overcome the dysfunctional patterns in the family through the different family therapy interventions in the domains of role structure and functioning, reinforcement, communication, coping patterns, decision-making and support system. It emphasizes the need for and relevance of adopting a multi-modal family therapy intervention for clients with stressful life events.Dissociative Conversion Disorder is a psychiatric disorder which may resemble a neurological deficit but is actually a psycho-social manifestation of mental disorder of which the person does not have any control. Attention to the person's family as a whole yields better result compared to individual therapy with such disorder. This case study is a step towards understanding the need for Psychiatric Social Workers as important, indispensable professional in the field of mental health. Psychiatric Social Workers are the best therapists for managing such disorders as they are professionally trained and skilled in the management of not only persons suffering from Dissociative Conversion Disorder but also their families experiencing the pain and agony with such an individual. Hence more and more involvement and participation of Psychiatric Social Workers in the field of family therapy is the need of the hour.

Acknowledgement: The authors would like to acknowledge all the authors whose studies have guided them to complete this case-study, the family who have given their consent to be a part of this study and Institute of Psychiatry for providing the opportunity to conduct the study.

Conflict of Interest: None.

Source of Funding: The corresponding author received scholarship for pursuing the Master of Philosophy in Psychiatric Social Work Course from the Institute of Psychiatry, Kolkata. This study was done during the course of study.

REFERENCES

Beletsky, V., & Mirsattari, S. M. (2012).Epilepsy, mental health disorder or both? *Epilepsy Research and Treatment, 6*, 1-13.

Carr, A. (1999). *The Handbook of Child and Adolescent Clinical Psychology*. London, Routledge.

Chand, S. P., Alhussaini, A. A., Martin, R., Mustapha, S., Zaidan, Z., & Viernes, N. (2000). Dissociative disorders in the Sultanate of Oman. *Acta Psychiatrica Scandinavica, 102*, 185-187.

Dhanaraj, M., Rangaraj, R., Arulmozhi, T., & Vengatesan, A. (2005). Non-epileptic attack disorder among married women.*Neurological Society of India, 53*(2), 174-177.

Goldstein, L. H., Chalder, T., Chigwedere, C., Khondoker, M. R., Moriarty, J., Toone, B. K., &Mellers, J. D. C. (2010). Cognitive-behavioral therapy for psychogenic nonepileptic seizures: a pilot RCT. *Neurology*, *74*(24), 1986-1994.

Gotewal, S., Yannawar, P., Gajendragad, J., Yannawar, B. P., & Dung Dung, A. A. (2015).Psychosocial stressors and pseudoseizure: A case report. *IOSR Journal of Humanities and Social Science, 20*(4), 48-51.

Gurman, A. S., Kniskern, D. P., Pinsof, W. M. (1986). Research on the process and outcome of marital and family therapy.*Handbook of psychotherapy and behavior change.* New York, John Wiley & Sons.

Jimenez, L., Hidalgo, V., Baena, S., Leon, A., & Lorence, B. (2019). Effectiveness of Structural – Strategic Family Therapy in the treatment of adolescents with mental health problems and their families. *International Journal of Environmental Research and Public Health*. 16(7): 1255.

Ozcetin, A., Belli, H., Ertem, U., Bahcebasi, T., Ataoglu, A., &Canan, F. (2009).Childhood trauma and dissociation in women with pseudoseizure-type conversion disorder. *Nordic Journal of Psychiatry*, *63*(6), 462-468.

Roy, T., Thirumoorthy A., & Parthasarathy, R. (2017). Culturally Relevant Family Therapy Practice with Parents of Children and Adolescence. *Indian Journal of Psychological Medicine*, *39*(2), 137-142.

Umbarger, C. C.(1983).*Structural Family Therapy*.New York:Grune& Stratton.

How to Cite this Article: Khan, S., & Sil, A. B. (2020). Family Intervention with Dissociative Conversion Disorder: A Case Study. *National Journal of Professional Social Work, 21*(2), 141-147. doi: 10.29120/njpsw.2020.v11.i2.534