

Case Study

Diagnosis difficulty and management of conversion disorder in early childhood: a case report

Satyabhama Nayak¹, Asmita Nayak^{2*}

ABSTRACT

Symptoms of epilepsy and conversion disorder are difficult to differentiate due to some similarities in symptoms' manifestation. The present study is based on the detection and management of a child who had symptoms of conversion disorder. The researchers attempt to highlight the diagnosis difficulty of the child with conversion disorder and the role of psychotherapies in the management of her symptoms. She was treated with a multitherapeutic approach. To treat her, at first detailed case-history was taken from both the child and her parent through interview and stressor of the child was found. A single case design was adopted. Psychotherapies, in particular, psycho-education, behavior therapy, and family therapy were applied both on her and her family members for one month, after which she recovered. The study result shows the effectiveness and essential need of psycho-social services in the management of conversion disorder.

Keywords: *Conversion, Stress, Psychotherapies*

Conversion disorder is characterized by without any evidence of a physical disorder, which can better explain the symptoms of this disorder and a clear association between onset of the symptoms and stressful events, problems, or needs (ICD-10, 2004). Due to some similarities in the symptoms of epilepsy and conversion disorder (Kanaan et al., 2017), recognizing the symptoms, differentiating, and detecting conversion disorder is very difficult in very young children. It may be due to any of these factors i.e., because of the difficulty in establishing rapport or taking proper case history from a child or the number of first-onset epilepsy cases detected during childhood or any other cause. So here our objective is to provide a proper diagnosis and intervention to a young child with these symptoms and her parents.

CASE REPORT

Case summary

A 4 years old child, a female, continuing her study in upper Kindergarten, Odia-speaking, brought up in a semi-urban area in a family of upper-middle socio-economic status was

¹M.Phil Psychiatric Social Work Trainee, Institute of Mental Health, Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak, Haryana, India

²PhD Research Scholar, National Institute of Science Education and Research Bhubaneswar, HBNI, Jatni, Odisha, India

**Responding Author*

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consulted with a mental health professional with the help of her parents. She had symptoms of fainting attack for 4-5 minutes, poor appetite, and sleep. But she had no symptoms of tongue bite, serious bruising, or laceration due to falling or urinary incontinence. Her parents were reliable informants. Her history was suggestive of normal developmental milestones. She was living in her uncle's home with her uncle, aunt, grandparent. But intermittently coming to parents' home. After developing these symptoms, her father came to meet her and after some days she was not showing any such symptoms. But the day before her father planned to leave for his occupational activities, she again suffered from the same symptoms. Although her family member was expecting that she will improve after few days, it did not happen. Rather her symptoms were augmented. For this, her parent became worried and they seek help from the hospital. She was referred to the neurology department and then for confirmation of diagnosis, she was again referred to the mental health institute. It is due to the reason that cooperation between neurology and psychiatry department is required for the intervention of children with this disorder (Nicholson, Stone, & Kanaan; 2011). Another important point is although not identical, symptoms of conversion disorder are similar with feigning (Hassa et al., 2016).

Assessment of symptoms

From clinical interview it was found that, although the child was staying in her uncle's home, yet most of the time her uncle was being absent in home due to his occupational activities. So, she was missing her own parents' affection. Beside it, as the child's grandparents were old, they were unable to spent time with the child as per her desire. Although her aunt was trying to provide quality time to her, yet she was unable to so as she was pregnant and mother of 2 child. After careful interview, it was also found that the child wants to stay with her father and mother. Although she shows stubbornness to stay with her uncle, yet in reality if she doesn't stay with her parent, then she became unhappy. So, she was diagnosed with conversion disorder and her stressor was unable to get parents affection.

Implementation of intervention

Psychotherapy is very much needed for individual suffering from this disorder (Stonnington, Barry, & Fisher, 2006). Based on pre-therapy assessment, the short-term goals of the intervention were developing a good therapeutic alliance, bringing symptomatic management, increasing recreational activity, clarifying relationship between decrease appetite, poor sleep and its effect on life, increasing coping ability. Long term goals of the intervention were regular follow-up and relapse prevention. The intervention plan was done as per the recommendation of Simos, 2002. Psychotherapies like proper psycho-education in detail, behavior analysis, activity scheduling, homework, family therapy were applied both on her as well as on her family members.

The therapy was administered in 8 sessions of one-hour duration over 4 weeks with proving rational of each technique to the parent. Initially they were educated about nature of illness, course, causal factors and treatment available for the illness. Parents were told that having mental illness symptoms (especially conversion disorder) does not mean that it will remain lifelong. They were informed that it results when individual is not able to cope effectively with stressful situations as a result certain changes in behavior, emotion occur, which is temporary in nature. Once the coping is developed, her emotions and behavior will come under normal range. Behavior analysis techniques were used to better understand the process of symptom augmentation and to better understand and planning of the intervention strategies. Parents were explained about the predisposing factor, precipitating factors and maintaining factors that caused the problem. This was done to convey them about the

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therapist conceptualization of her problem. It will facilitate cooperation of the parents in treatment process. The problem areas identified will increase parents' understanding and awareness of her problem. They will be able to understand her treatment in better way.

Symptomatic management was done by telling family members not to give extra attention to her symptoms. They were properly informed about how to behave at home during the child's symptom manifestation. They were informed that it does not mean they should not give any attention to the child. It means give her quality time, whereas don't give attention to the symptoms. They were taught how to make her get engaged in her favorite activities. Homework was given to do in between sessions. In the next session, the activity schedule was prepared by discussing with the child and her parents after finishing the behavior analysis. By this therapist made an initial analysis of problem behavior, clarification of problem situation, motivational, developmental analysis, analysis of self-control, relevant social relationship, socio-cultural and physical environment. Regular psycho-education sessions were performed on the onset, duration, course, the prognosis of the symptoms, the impact of the intervention and how to continue intervention at home, coping with the current scenario, dealing with personal stigma as well as social stigma (if shown) were given in different sessions to parents for enhancing family support. Parents were suggested to live with the child in their own home as well as to provide love and affection to her. After weekly 2 sessions for 1 month, her symptoms improved significantly. The parents were very empathetic. She started to live with her parents happily. Family members were taught about the possibility of relapse and how to manage that in a clear statement. They also suggested to take professional if the need arises.

RESULTS

Case history result indicates that her active symptoms were belong to conversion disorder. They were a fainting attack, changes in appetite, poor sleep. As the child was very young, differentiating symptoms of any other disorder (particularly epilepsy) was very important. So, after confirmation of the diagnosis and finding the relevant stress, intervention started immediately. After providing psychosocial intervention for around one month, she recovered.

DISCUSSION

Diagnosis of conversion can difficult (Owens, & Dein 2006). As per Freudian concept "unconscious conflict" under "unintentional reaction to psychological and environmental factors' are key point in conversion disorder (Kanaan, 2016). So, understanding the stressor of individual suffering from conversion disorder is very essential (Allin, Streeruwitz, & Curtis; 2005). To decrease symptoms and improve mental health, various psychological services are essential. Among them, psychoeducation is the first and most important intervention. Behavioral techniques were effective in normalizing the day-to-day activities and family therapy is very essential for improving communication patterns in the family (Sadock & Sadock, 2011). In the index case also, it has occurred.

The case illustration show how mental state gets affected even in childhood. As there are very limited case reports on children of very young age with conversion disorder, the present case study is beneficial to understand the mental state in a deeper level. The outcome of psychotherapies in respect to management of symptoms has been encouraging as revealed by various researchers. The findings of this study highlight the role of psychosocial intervention in the management of conversion disorder and its effectiveness in normalizing the day-to-day activities.

CONCLUSION

Mental health of each and every individual is as important as physical health. So younger children should be also given more importance. So continuous examination of both physical and mental status of younger children are also suggested like adult or older individuals. Some behavioral problem is normal for some age, that doesn't mean any significant symptoms should overlooked. Some of these symptoms may indicate toward mental illness and urgent need of psychological interventions by mental health professionals. So, for the betterment of children's' mental health they should be consulted by mental health professional (if needed). The present study highlights the efficacy of psycho-social intervention for young child with conversion disorder. But, as it is a single case study with a short-term follow-up, there is need to carry out research on large sample. So, a long-term follow-up is needed to evaluate the efficacy of the psycho-social therapies.

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Conflict of Interest

The author declared no conflict of interest.

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