Role of sexual abuse in development of conversion disorder: case report

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Abstract. – Described case report speaks in favour of the relation between childhood sexual abuse with the development of conversion disorder. Following Salmonella poisoning, adolescent, at the age of 16, develops series of severe somatic symptoms. Results of diagnostic procedures excluded organic foundation of the symptoms; diagnosis of conversion disorder is established. Soon, patient’s problems stop abruptly and spontaneously, and the aetiology of the mental disorder remains unexplained. Six years later, adolescent reveals for the first time data about the childhood sexual abuse during the forensic evaluation (within the court process related to the request for compensation for the complications which occurred following the Salmonella infection). During the forensic evaluation, we had insight into the previous medical history, while an interview, psychological and psychiatric exploration was conducted with the examinee. Data about the sexual abuse retrospectively explain the dynamics of the development of conversion disorder. The described case indicates that sexual abuse of children and adolescents frequently remains unrecognized, which has sequels for treatment and prevention of subsequent consequences for mental health. It is important to emphasize the significance of examining history of abuse during the diagnostic of certain mental disorders. Forensic implications of the case have not been discussed in details for the needs of this report.

Key Words: Sexual abuse, Conversion disorder, Forensic evaluation.

Introduction

Conversion disorder presents big burden for the patient, his or her family, and health system. Conversion symptoms are observed both in psychiatric and general medical settings quite frequently. Comorbidity in conversion disorder is very high. It is estimated that 85% of patients with conversion disorder have at least another one psychiatric disorder, most frequently depression, generalised anxiety disorder and neurasthenia. Conversion disorder can mimic series of neurological disorders, such as epilepsy, myasthenia gravis, Gullain- Barré syndrome, myopathies, multiple sclerosis, which makes the differential diagnoses more difficult. Implications for the health and forensic setting are significant.

Conversion disorder are historically related to the concept of hysteria. Hysterical neurosis included different forms of conversion and dissociative symptoms. International Classification of Mental Illness, the ICD 10, includes somatoform and dissociative disorders into one category of Dissociative disorders. American Psychiatric Association, on the contrary, distinguishes dissociative from conversion disorders. In expression of conversion disorders in child and adolescent age, most frequently represented are symptoms in the sphere of voluntary motor functioning (up to 64%), sensory symptoms, pseudo-seizures and respiratory difficulties.

Conversion disorders are causally related to the concept of trauma. Traumatic experiences, frequently occurring during the childhood, present a trigger for the dissociation process. Disturbing traumatic experiences are separated (“dissociation”) from the sphere of the conscious. They are suppressed, denied or transferred to the somatic level. Large number of studies has shown high frequency of the history of physical and sexual abuse, incestuous experiences, extended periods of sexual abuse in persons with conversive disorder. Findings of other studies point out greater significance of parental rejection, weak affiliation and lack of
affective warmth for the development of conversion disorder, while they do not confirm significance of physical and sexual abuse. Conversion disorder have good outcome in childhood and adolescence, although there is higher risk for subsequent development of anxiety and depressive disorders. Desirable outcome is related to the early diagnosis and good premorbid adaptation.

Case

Adolescent, 23 years old, came to the Clinic of Psychiatry in 2007 for the forensic evaluation. The aim is assessment of the suffered fear and psychological pain due to the decrease in general vital activity, due to a Salmonella infection while living in dormitory in 2003. The examinee is a biology student. She lives separately from her family. She is seeing her father and sisters regularly. Her mother died of cancer one year ago. Six years ago, in a high school dormitory she had food poisoning, following which she was transported to the Clinic for Infectious Diseases. Few days later, she recovered and was discharged. However, her condition got worse at home (“her hands and feet were getting cold; she had fever, felt weakness”). She got back to the hospital; further diagnostic procedures were conducted, including lumbar puncture. After the first lumbar puncture, she could not walk any more. She was transferred to the Clinic for Child neurology. During that period, lasting over several months, she could not walk, her hands and feet were cold all the time, she could not move hands much, and she was using wheelchair. During the hospitalization in Child Neurology, the examinee has undergone numerous examinations. Myasthenia gravis and radiculoneuritis were suspected. Since she attended secondary medical school, she knew what those diagnoses mean. According to the data from the available medical documentation, computed tomography of anterior mediastinum was regular, thyroid gland results within the regular limits, regular electroencephalogram (EEG), cerebrospinal fluid regular (lumbar puncture), electromyography (EMG) results regular. Different immunological tests were within the normal range. Examination results did not indicate organic foundation of the symptoms, so she was transferred to the Psychiatric clinic, conversion disorder was suspected. After 2 to 3 months in the hospital, she was more and more facing the fact that there are no positive developments in her condition. She was becoming more worried for her health condition, thinking that the paralysis will remain permanently. She was irritable, argumentative and anxious. She describes feeling stigmatised and rejected from surrounding while she was in the wheelchair. Her boyfriend at the time, who was coming to visit her in the hospital, was in the wheelchair. She emphasises that their relationship was more a friendly one, they started dating before her staying in hospital, and broke up the relationship soon after the recovery. After several acupuncture interventions, her ability to walk was soon restored. Following the discharge she continued with school. She says that even now she still has some difficulties, such as headaches, aching legs, difficulties to concentrate, that she believes to be consequences of the Salmonella poisoning she suffered.

In the part of the interview related to the current functioning, she states that she is not in any relationship and has not started having sexual relations. She expresses repulsion for sex. She reports being sexually abused in the childhood, by her uncle, in the period from eleven till fifteen years. Abuse included touching of genitalia, with no penetration. After she confined in her parents, they expressed mistrust, forbid her to talk about that to anyone, but they have cut contacts with uncle. She has never confined in anyone about the sexual abuse after that, until the forensic examination.

Current psychological status is regular. She is affectively attuned, with certain tendency towards exaggerating affective and verbal bespeak. An impression is that she is aggravating difficulties she was facing related to the relevant events (Salmonella poisoning, treatment, staying in hospital), which is not unusual for such a kind of forensic evaluation.

Psychological exploration shows regular cognitive functioning. Intellectual capacities are in the range for the age. Exploration of the personality with self-descriptive and projective techniques shows no indicators of psychopathological production. She is distinguished by characteristics of histrionic, co-dependent personality structure. On the subclinical (projective) level, elevated levels of anxiety and vulnerability of personality in provocative circumstances, meaning disposition to potentially react in conversion manner, are registered.
Discussion

Process of discovering sexual abuse in childhood is hard, gradual and often, there are several years from the beginning of the abuse till the discovery that it is happening, as this case shows too. Experience of stigma, betrayal, self-accusation, helplessness mediates in the process of disclosure of the abuse, but in subsequent effects too. In the examinee’s family, abuse has status of taboo and secret, which influenced the delayed disclosure of the abuse. According to recent findings, remembering of childhood trauma does not get suppressed, as previously believed, which is also the case in this adolescent. Approximately 80% of registered childhood sexual abuse victims are capable of reporting about the trauma in their adult age.

Exposure of the described adolescent to extended sexual abuse by close person during the childhood is severe traumatic experience. It is known that sexual abuse has long term and multiple consequences for mental health. Not only dissociative disorders are found in sexually abused persons, but anxiety and somatization disorders, depression, hypochondrias, substance abuse, difficulties in sexual functioning. The impact on future functioning is more expressed if the abuse lasts long, is done under coercion and threats, if it involves father or stepfather and has form of penetration. It is long time period of abuse, lack of parental support, request to keep it secret and entering the stage of adolescent development with tasks of forming final sexual identity that made the examinee easily vulnerable and weakened strengths of basically histrionically structured personality.

It could be assumed that the referent events (Salmonella poisoning followed by intensive somatic difficulties, staying in hospital, painful diagnostic procedures) were precipitating stressful events, which had role of mediator regarding the traumatic experience of sexual abuse and development of conversion clinical picture. These stressors have potentiated de-compensation of the personality and development of conversion disorder with dominant motor symptoms (pseudoparalysis). Findings of studies confirm that antecedent stressors (familial and peer conflicts, health issues, loss) have role of mediator in relation of earlier sexual abuse and manifestations of conversion disorder. Although the examinee shows no mental disorders now, there are still difficulties in the sphere of sexual functioning and establishing romantic relations.

Described case indicates difficulties in differential diagnosis of conversion disorder, which increases costs of health system and precludes timely application of appropriate psychiatric and psychotherapeutic treatment. Also, in the assessment of particular mental disorders, such as conversion, significance of detailed examination of the history of sexual abuse as one of aetiological factors is emphasized. Sexual abuse often remains unrecognized; process of disclosure is gradual and occurs years after the abuse, which is important for the timely treatment and prevention of future consequences.

References

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