

ORIGINAL ARTICLE

Attribution and Health Seeking Behavior of Family Members towards Conversion (Dissociative) DisordersRIZWAN FAROOQ¹, UNAIZA JAWAD², MUNTAZIR MEHDI³, MADIHA MALIK⁴, ADIL UMER KHAN⁵, SHAFQAT HUMA⁶¹Assistant Professor Psychiatry, Behavioural Sciences PGMI/AMC/LGH Lahore, Pakistan²Associate Professor Behavioural Sciences, Rashid Latif Khan University Medical College, Lahore³Assistant Professor Psychiatry, Sahiwal Medical College, Sahiwal⁴Assistant Professor Neurology, Rashid Latif Khan University Medical College, Lahore⁵Associate Professor Community Medicine, Bakhtawar Amin Medical College Multan⁶Associate Professor of Psychiatry & Behavioural Sciences, Rashid Latif Khan University Medical College, LahoreCorresponding author: Unaiza Jawad, Email: unaizajawad@hotmail.com**ABSTRACT****Introduction:** Patients with conversion disorder (dissociative disorder) are common in various hospitals and communities in Pakistan. What people think about the disease decides what treatment they receive. Therefore, this analysis was held to determine the attribution and health seeking behaviours for conversion disorder.**Study Design:** A cross-sectional and exploratory hospital study.**Place and Duration:** In the department of Psychiatry and Behavioral Sciences PGMI /AMC / LGH, Lahore Pakistan for the duration from February 2022 to July 2022.**Methods:** A total of 60 patients were included in this study and selected with purposive sampling method. Referring to the criteria of ICD 10; the analysis of dissociative disorder was made. A self-developed questionnaire was used. The help seeking behavior and knowledge regarding dissociative disorder was assessed by self developed questionnaire.**Results:** The results exhibited that the frequency of dissociative convulsions (26.8%) and possession and trance (33.3%) were higher than in the other groups. Similarly, 8 (13.3%) had stupor, 6 (10%) has motor disorders in all movement and (3.3%) has sensory disorders and (5%) had mixed dissociative disorder. It was found that the majority of family members seeking treatment from faith healer (63.3%), trailed by paramedics (11.7%) and doctors (25%). Of all subjects, 46.6% visited a mental health professional for more than 2 weeks, 31.7% visited them within 48 hrs to two weeks, and 21.7% within 48 hours. 38.3% of members answered to ailment as a physical cause. About 43.3% of participants said conversion disorder was a mental condition. The participants who replied disease as a supernatural problem were 40%. Solitary 35% of contributors believed that counseling, psychotherapy and medicine could cure conversion disorder, while 46.7% believed that a faith-healer might cure it.**Conclusion:** Societies in Pakistan still have their roots in ethnic practices and faith healing. It is very important to run the awareness program and work in co-operation with faith healers is significant.**Keywords:** Conversion (Dissociative) Disorder, Attribution, health seeking, attribution**INTRODUCTION**

A dissociative (or transformational) disorder is the complete or partial disruption of normal incorporation between past recalls, momentary sensations, identity awareness and body control movements¹⁻². A study in Pakistan found that conversion/dissociative conditions were the communal disorders of mental health³. It is important to determine how mental disorders are managed in the social environment in Asian countries⁴. According to reports, seeking treatment for any mental illness is widely underestimated and very difficult by mental health professionals. Perceiving that you have a health problem or are sick in order to find the right medicine is healthy behavior. It has been found that health-seeking behavior is influenced by factors such as health beliefs, types of access, use and perceptions of the quality of care⁵⁻⁶. Another very important factor is the stigma associated with mental disorder, which supposed to be associated inversely to getting treatment⁷. Traditional / religious treatments are still actively practiced in Pakistan, especially in the treatment of mental well-being. The families have a key part in promoting home remedies, diagnosing symptoms, determining whether medical or professional assistance is required, and then accessing medical treatment⁸⁻⁹. Research has shown that caregivers of mental patients and patients themselves contribute to the super-natural causes of mental disorders¹⁰. Therefore, this analysis was held to determine the attribution and health seeking behaviours for conversion disorder.

METHODS

The cross-sectional study was taken place in the department of Psychiatry and Behavioral Sciences PGMI /AMC / LGH, Lahore Pakistan for the duration from February 2022 to July 2022. Total 60 total patients were selected for this study and selected with purposive sampling method. The information regarding medical history was taken from family members of the patients. Only one attendant from the family of every patient was included who attend

to the inpatient, outpatient, and emergency service. A consultant psychiatrist diagnosed patients according to the classification of ICD 10 for behavioural and mental disorders after appropriate detailed analysis. A self-prepared questionnaire was used, consisting of the age, name, gender of the patient and informer's relationship with the patient, education, address, duration of the visit to the hospital and first treatment given. Five different questions regarding health-seeking beliefs and behaviours questions that assess treatment seeking behavior and attribution of patients and their family members regarding mental illness. The resulting data was analyzed using the SPSS version 20.0.

RESULTS

60 total patients were involved in this analysis, 18 males (30%) and 42 females (70 %). Seven years was the patients' minimum age identified with conversion disorder (dissociative disorder) and 50 years was the maximum age. 25.75 ± 11.19 years was the patients mean age. The maximum incidence of conversion was observed in adults aged 21-30 (30%) and adolescents aged 14-20 (25%).

Table-1: shows the patients demographic features

Sex	N	Percentage (%)
Female	42	70%
Male	18	30%
Total	60	100
Age of patient (in years)		
7-13	10	16.7%
14-20	15	25
21-30	18	30
31-40	10	16.7
41-50	7	11.6
Total	60	100

Most of the patients (83.3%) were brought by male guardian in comparison to the female guardian (16.7%). 16 years was the minimum age and 50 was the maximum. The maximum illiterate participants were at high school level and intermediate levels, correspondingly. There are 20 (33.3%) illiterate family members, then 15 (25%) up to high school literate and 13 (21.7%) up to intermediate level literate.

Table-2: shows the informants demographic features

Informants	N	Percentage (%)
Female	10	16.7
Male	50	83.3
Total	60	100
Age of the Informants		
15-24	13	21.7
25-34	22	36.7
35-44	17	28.3
45-54	8	13.3
Total	60	100
Relation of Informants with the Patient		
Father	17	28.3
Mother	6	10
Mother in-law	2	3.3
Husband	19	31.8s
Son	6	10
Brother	8	13.3
Wife	2	3.3
Total	60	100
Education Status of the Informants		
Primary	3	5
Illiterate	20	33.3
Intermediate	13	21.7
High school	15	25
Bachelor Degree	9	15
Total	60	100

The results exhibited that the frequency of dissociative convulsions (26.8%) and possession and trance (33.3%) were higher than in the other groups. Similarly, 8 (13.3%) had stupor, 6 (10%) has motor disorders in all movement and (3.3%) has sensory disorders and (5%) had mixed dissociative disorder.

Table-3: shows the types of conversion disorder and its distribution

Dissociative (Conversion Disorder) Types	N	Percentage (%)
Possession and Trans	20	33.3
Sensation and Movement	2	3.3
Stupor	8	13.3
Amnesia	2	3.3
Dissociative Convulsions	16	26.8
Motor disorders	6	10
Mixed DD	3	5
Anesthesia and sensory loss	3	5
Total	60	100

It was found that the majority of family members seeking treatment from faith healer (63.3%), trailed by paramedics (11.7%) and doctors (25%). Of all subjects, 46.6% visited a mental health professional for more than 2 weeks, 31.7% visited them within 48 hrs to two weeks, and 21.7% within 48 hours.

Table-4: shows the health seeking approaches and time needed to reach the hospital

Treatment seeking approach	N	Percentage (%)
Doctors/Mental health professional	15	25
Faith healer	38	63.3
Paramedics	7	11.7
Total	60	100
Time laps between disease onset and reaching to mental health professional		
more than 2 weeks	28	46.6
within 48-2week	19	31.7
within 48 hours	13	21.7
Total	57	100

Families were asked five questions about the patient's beliefs about seeking health, attribution, and behavior related to his condition. 38.3% of members answered to ailment as a physical cause. Approximately 43.3% of patients said conversion disorder was a mental condition. The participants who replied disease as a supernatural problem were 40%. Solitary 35% of contributors believed that counseling, psychotherapy and medicine could cure conversion disorder, while 46.7% believed that a faith-healer might cure it.

Table-5: shows the patients answers to the questionnaire

Questions	Yes	No	Don't Know
Thought as a mental disorder	26 (43.3%)	16 (26.7%)	18 (30%)
Thought as a physical illness	23 (38.3%)	28 (46.7%)	9 (15%)
Thought that Medicine, counselling & psychotherapy can heal this disease	21 (35%)	10 (16.7%)	29 (48.3%)
Thought that this is nor a mental or physical disease and a kind of supernatural issue	24 (40%)	16 (26.7%)	20 (33.3%)
Thought that Faith healer has a solution or can treat this disease	28 (46.7%)	15 (25%)	17 (28.3%)

DISCUSSION

In this analysis, the proportion of women with conversion disorder (dissociative disorder) was higher than that of male patients¹⁰⁻¹¹. Other studies have found similar results. The 20–30-year-old age group was found to be tall followed by the 13–19-year-old age group. These results also coincide with earlier work done in India¹²⁻¹³. Research has shown that married women are more likely to be suffered from dissociative disorders. The maximum incidence was seen in convulsion disorder, trance and dissociative seizures, trailed by dissociative motor disorders, dissociative dementia, sensation and movement disorders, sensory loss, mixed dissociative disorder and anesthesia¹⁴⁻¹⁵. Answers to the 3 questions about attributing symptoms to family members gave varied responses from the applicants. The characteristics of conversion disorder as "mental illness", "physical illness", and "neither mental nor physical but some categories of super-natural problem" were nearly equivalent¹⁶. Though, the family's approach to seeking treatment after the disease onset does not fully agree to the way in which it answers the questions. The results of the treatment search showed that the patient's symptoms were related to supernatural beliefs of family members¹⁷⁻¹⁸. Healing by faith instituted to be the primary step to seeking treatment prior to visit any mental health professional or a doctor. Families answer frequently to the questions about healing with faith for treatment of conversion disorders¹⁹. Most of the patients (83.3%) were brought by male guardian in comparison to the female guardian (16.7%). The illiteracy rate amongst these contributors was high, trailed by

the intermediate and high-school levels. The patients received the usual treatment in a hospital setting²⁰⁻²¹. Family members received psychoeducation regarding the psychological nature of the disease, including normalization, cutting off extra wages, and resolving the family crisis²²⁻²³.

CONCLUSION

This study outcomes suggest that patients are at risk because most patients need more time for psychosocial and medical treatment. Societies in Pakistan still have their roots in ethnic practices and faith healing. Such a model of seeking help may limit patients' understanding of their disease and the ability to be overwhelmed it by taking treatment from the Psychiatrists. It is very important to run the awareness program and work in co-operation with faith healers is significant.

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