

LEVEL OF ANXIETY AND DISSOCIATION IN PATIENTS WITH CONVERSION AND DISSOCIATIVE DISORDERS

VIVEK KATOCH, HARSH PREM JHINGAN, SHEKHAR SAXENA

State Trait Anxiety Inventory and Questionnaire of Experiences of Dissociation were administered to an unbiased sample of sixty patients, including twenty seven patients with dissociative disorder, twenty four with conversion disorder and nine with both these diagnoses, using DSM III criteria. The differences in anxiety scores and level of dissociation among the three diagnostic groups were not statistically significant. The finding that a substantial proportion (15%) of patients had both diagnoses and the lack of difference in levels of anxiety and dissociation in the three groups suggests that these two diagnoses are closely related.

Key words: anxiety, dissociation, conversion disorder, dissociative disorder.

INTRODUCTION

The concept of hysteria has been the focus of attention for centuries. However, when the first edition of the Diagnostic and Statistical Manual (DSM I) (APA, 1952) was formulated by the American Psychiatric Association, this term was not used in the classificatory system. Conversion reaction and dissociative reaction were treated as two separate syndromes. DSM II (APA, 1968) brought these two together under the term 'hysterical neurosis'. DSM III (APA, 1980) divided hysteria into two completely different groups of disorders; whereas conversion disorder was classified under somatoform disorders, dissociative disorders were given a distinct category. The omission of the term hysteria was desirable because it has been used by different people differently and it had become a word of common usage. However, DSM III ignores the similarities between these two groups of patients. The role of dissociation in both the disorders and overlapping of the two diagnoses in patient populations (Saxena et al, 1986; Saxena & Prasad, 1989) suggest that they are closely related disorders.

From an analytic point of view, it has long been argued that in hysteria, the impulse causing the anxiety is converted into functional symptoms which serve to lessen conscious (felt) anxiety (Zeigler et al, 1962). The successful warding off of anxiety results in 'la belle indifference' but the observation that it is a relatively rare phenomenon suggests that dissociative or conversion symptoms are not able to satisfactorily protect the individual from conscious anxiety (Engle, 1970). In fact, anxiety has been reported in hysteria, mainly in conversion reactions (Zeigler et al, 1963; Lader & Sartorius, 1968). Hence, we proposed to compare the level of anxiety in patients with conversion disorder, dissociative disorder and both conversion and

dissociative disorders. It has also been found that the level of dissociation differs in various disorders and is highest in dissociative disorders (Bernstein & Putnam, 1986; Riley, 1988). Since dissociation is supposed to be the common underlying process in the symptomatology of conversion disorder and dissociative disorder, it was decided to compare the level of dissociation among patients with conversion, dissociative and both disorders. The presumption in this study was that if the two groups are closely related to each other, they should be similar on these parameters.

MATERIAL AND METHODS

This prospective study was conducted in the Psychiatry department of the All India Institute of Medical Sciences Hospital, New Delhi. An unbiased sample consisting of sixty patients diagnosed as conversion disorder, dissociative disorders or both in the age range of 16 to 45 years were included in the study. They were diagnosed using DSM III-R criteria (APA, 1987). Patients with mental retardation or any other diagnosis on axis I or with significant physical illness which could possibly account for symptoms of conversion or dissociation or with disability in hearing, speech or language, were excluded.

All patients included in the study were administered the Hindi translation of Questionnaire of Experiences of Dissociation (QED) and Hindi adaptation of State Trait Anxiety Inventory - form X (STAI-X) (Spielberger et al, 1970). QED consists of 26 true \ false items with a possible score ranging between 0-26. STAI-X measures both state (form X-1) and trait (form X-2) anxiety separately on twenty items each on a four point scale with scores ranging from 20 to 80. It is designed for self-administration and has no time limit. One way

ANOVA was used to measure the statistical significance of STAI and QED scores.

RESULTS

Of the sixty patients included in the study, 42 (70%) were in the age range of 16 to 25 years. Forty one (68.5%) were females; 33 (55.5%) were married. It was a heterogeneous group with respect to education and occupation. According to DSM III-R, 27 (45%) patients were diagnosed to have dissociative disorder, 24 (40%) had conversion disorder and 9 (15%) patients received both the diagnoses.

The three groups, viz. dissociative disorder, conversion disorder and both disorders did not differ significantly on QED score (Table 1) and on STAI score (Table 2).

Table 1
QED Scores in the three diagnostic groups

QED Score	Dissociative disorder (n=27)	Conversion disorder (n=24)	Both disorders (n=9)
Mean	11.0	8.7	10.8
S.D.	3.6	4.8	3.8
Grand Mean = 10.0 ; p = 0.1.			

Table 2
STAI Scores in the three diagnostic groups

STAI Scores (type)	Sex	Dissociative disorder	Conversion disorder	Both disorders	p
State	Female	49.1 + 15.5 (n=24)	41.2 + 14.9 (n=12)	38.6 + 11.6 (n=5)	0.1
	Male	43.0 + 18.0 (n=3)	48.9 + 14.1 (n=12)	50.5 + 11.0 (n=4)	0.8
Trait	Female	52.8 + 11.7 (n=24)	46.0 + 11.4 (n=12)	41.8 + 15.3 (n=5)	0.1
	Male	50.0 + 8.6 (n=3)	44.5 + 11.5 (n=12)	58.7 + 7.8 (n=4)	0.1

DISCUSSION

In the present study, 15% of the patients received the diagnosis of both disorders: conversion as well as dissociation. In another study (Saxena et al., 1986), 29% of the total cases required the diagnoses of both disorders. Hence, it appears that both diagnoses need to be made in a substantial percentage of patients and that these two are not totally separate and distinct entities.

The three diagnostic groups did not differ significantly from one another on QED scores. This indicates that conversion and dissociative disorders

lie at the same point on the spectrum of dissociation, thereby implying that they may be closely related to each other. However, the findings of this study should be considered cautiously because no normal controls were taken for this study and the normative data from the Indian population is not available. The QED score of the three groups in this study is quite similar to the normative range reported by Riley (1988).

Scores of state anxiety and trait anxiety did not differ significantly among the three groups in this study. The scores of state anxiety and trait anxiety in the three groups were above the normal range reported by Spielberger et al (1983). DSM III-R mentions about anxiety only in multiple personality disorder and depersonalization disorder. The present study indicates that anxiety may be associated with other categories also. It is likely that both conversion and dissociation serve the same function of protecting the patient from the anxiety arising due to unconscious conflict but are not completely successful in their function.

To conclude, the lack of difference in levels of anxiety and dissociation in the three groups and the finding of a substantial proportion (15%) of patients with both diagnoses suggests that they are closely related. The above normal range scores of anxiety in all the three groups suggest that anxiety may be a part of the clinical manifestation of conversion and various dissociative disorders, though DSM III-R mentions this only for multiple personality and depersonalization disorders. The findings of this study need to be replicated in larger number of patients with normal controls. Follow up studies can throw further light on other relevant parameters like course and prognosis.

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Vivek Katoch MD, Senior Resident; Harsh Prem Jhingan MD, Assistant Professor; Shekhar Saxena^{*} MD, Additional Professor, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi 110 029.

* Correspondence