ORIGINAL ARTICLE

Attribution and health seeking behavior of family members towards Conversion (Dissociative) Disorders

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Abstract

Introduction: *Patients with Conversion (Dissociative) disorders are frequently seen in different communities and hospitals of Nepal. How people attribute illness determines what treatment will be received. Hence this study was conducted to identify attributions and health seeking behavior towards Conversion (Dissociative) disorder.*

Material And Method: *This is a hospital based cross-sectional and exploratory study. Purposive sampling method was used. Duration of study was 6 months from 1st January 2017 to 30th June 2017. Total number of participants was 57. Diagnosis was made using ICD 10 criteria. Self developed questionnaire was used which assessed knowledge and help seeking behavior.*

Results: *The findings showed that the percentage of trance and possession (33.3%) and dissociative convulsions (29.8%) compared to other groups were higher. Illiterate participants were high followed by high school level and intermediate respectively. Among total participants, 47.4% took more than 2 weeks to visit a mental health professional, 31.6% took 48 hours to 2 weeks, and 21.1% visited within 48 hours. Participant's response to conversion disorder as neither mental illness nor physical illness and response to conversion disorder as mental illness was 43.85%. However response to conversion disorder as a physical illness was 38.6%. Participant's response to the treatment of conversion disorder for faith healing was higher (52.63%) than to medical and psychosocial treatment (33.33%).*

Conclusion: *Communities in Nepal are still grounded to ethnic practices and faith healing. Conducting awareness program and working in collaboration with faith healers is crucial.*

Keywords: Health Seeking, Attribution, Conversion (Dissociative) Disorder

INTRODUCTION

Dissociative (or conversion) disorder is a partial or complete loss of the normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements.[1] In Nepal a study reported that among psychiatric morbidities dissociative/conversion disorders were the most common.[2] In Asian countries it is important to identify how psychiatric illnesses are handled in community settings.[3] Since it has been reported that treatment seeking for any mental illness was reported fewer times universally from the mental health professionals and is a big challenge.[4, 5]

Perceiving to have a health problem or to be ill for the purpose of finding an appropriate remedy is health or care seeking behavior.[6] It was found that the factors like belief related to health, types of accesses, utilization, perceptions

of quality care are involved in health seeking behavior.[7] Another factor which is very significant is stigma related to mental illness which has been found inversely related to treatment seeking.[8] In Nepal specifically in the field of mental health the traditional/religious healing methods still remain actively practiced.[9,10] The family plays a pivotal role in diagnosing the symptoms, encouraging home remedies, deciding whether professional or medical help is needed, and then gaining access to medical services.[11] Studies have identified that care takers of the mentally ill patient and among patients themselves attribute supernatural reasons for mental illness.[12] Other attributions were like loss of semen or vaginal secretion, excessive masturbation, God's punishment for their past sins.[13]

MATERIAL AND METHOD

The study was cross-sectional study conducted at National Medical College and Teaching Hospital, Birgunj, of Bara District of Nepal that is located in terrain region. A sample size of 57 was obtained in 6 months duration (1st January 2017 to 30th June 2017) and purposive sampling method was used. Data was collected from family members. Only one participant was included from each patient's family who attended to outpatient, inpatient & emergency department. Patients were diagnosed by ICD 10 Classification of Mental and Behavioral disorder by a consultant psychiatrist after adequate detailed work up. Self developed questionnaire was used which consisted of name, age, sex of the patient and the informant, relation of the informant with patient, address, education, first treatment received from, and duration to see mental health professionals after the onset of the illness and five different questions for belief, attribution and health seeking behavior that assessed attribution and treatment seeking behavior of the patients family member. Data obtained was analyzed using Statistical Package of Social Sciences (SPSS) version 20.0 for Windows.

RESULT

Total number of the patients were 57. Male patients were only 16 (28.08%) compared to female patients 41 (71.92%). The minimum age of the patient diagnosed with Conversion (Dissociative) disorder was 7 years and the maximum age was 50 years. The mean age was 24.44±10.89. The highest frequency of conversion was noticed in the adults of 20 -30 years (35.08%) and in adolescent, 13-19 years (22.8%).Majority of patients were from Bara 26 (45.6%) followed by Parsa 21 (36.8%), Rautahat 5 (8.8%), Sarlahi and Sindhuli 2 (3.5%) each and Dhanusa 1 (1.8%).

Table 1: Socio-demographic Characteristics Of the Subjects

Sex	**N**	**Percentage (%)**	
Male	16	28.08%	
Female	41	71.92%	
Total	57	100	
Age of patient (in years)			
7-12	9	15.78%	
13-19	13	22.8	
20-30	20	35.08	X=24.44± 10.89
31-40	9	15.78	
41-50	6	10.78	
Total	57	100	
Address			
Bara	26	45.6	
Parsa	21	36.8	
Sarlahi	2	3.5	
Rauthat	5	8.8	
Dhanusha	1	1.8	
Sindhuli	2	3.5	
Total	57	100	

Family member of patients were their mother, father, husband, wife, mother-in-law, son and brother. Patients were mostly brought by male guardian (85.96%) compared to female guardian (14.03%).The mean age of the family members who were interviewed and given questionnaire were 32.04±8.84. The minimum age was 16 years and the maximum age was 50 years. Among these participants the percentage of illiterate were high followed by up to high school level

and intermediate level. Family members who were illiterate was 19 (33.3%) followed by literacy up to high school 16 (28.1%) and intermediate level 12 (21.1%).

Table 2. Distribution of informants according to sex, age, education and relation to patient

INFORMANTS	N	Percentage (%)	
Male	49	85.96	
Female	8	14.03	
Total	57	100	
INFORMANTS AGE			
15-24	11	19.3	
25-34	24	42.1	X=32.04 ±8.84
35-44	16	28.1	
45-54	6	10.5	
Total	57	100	
INFORMANTS RELATION TO PATIENT			
Mother	5	8.8	
Father	15	26.3	
Husband	21	36.8	
Mother in-law	1	1.8	
Brother	6	10.5	
Son	7	12.3	
Wife	2	3.5	
Total	57	100	
INFORMANTS EDUCATION			
Illiterate	19	33.3	
Primary	2	3.5	
High school	16	28.1	
Intermediate	12	21.1	
Bachelor Degree	8	14.0	
Total	57	100	

Dissociative disorders with highest frequency was seen in trance and possession i.e. 19 (33.33%) followed by dissociative convulsions i.e. 17 (29.28%). Likewise stupor was present in 7 (12.28%), motor disorders were 7 (12.28%) and 2 (3.50%) in each movement and sensation, anesthesia and sensory loss (3.50%) and Mixed dissociative disorder (3.50%).

Table 3 :Distribution of conversion disorder according to types

DISSOCIATIVE (CONVERSION DISORDER) TYPES	N	Percentage (%)
Amnesia	1	1.8
Stupor	7	12.3
Trans and possession	19	33.3
Movement and sensation	2	3.5
Motor disorders	7	12.3
Dissociative Convulsions	17	29.8
Anesthesia and sensory loss	2	3.5
Mixed DD	2	3.5
Total	57	100

Table 4 :Distribution of health seeking approaches and time to reach mental health professionals

Treatment seeking approach	**N**	**Percentage (%)**
Faith healer	**36**	**63.2**
Doctors/Mental health professional	**14**	**24.6**
Paramedics	**7**	**12.3**
Total	**57**	**100**
Time laps between onset of illness and reaching to mental health professional		
within 48 hours	**12**	**21.1**
within 48-2week	**18**	**31.6**
more than 2 weeks	**27**	**47.4**
Total	**57**	**100**

Majority of family members treatment seeking behavior was found to be the faith healer (63.15%), followed by doctors (24.6%) and paramedics (12.3%) respectively. This indicated

that patient do not reach to the doctor or mental health professionals soon after the onset of the illness.

Time between onset of the illness and visit to doctors or mental health professional were grouped in to three time frames i.e within 14 hours, within 48 hours to 2weeks and more than 2 weeks. Findings showed that 47.4% of the patient took more than 2 weeks, 31.6% took 48 hours to 2 weeks and 21.1% were brought within 48 hours.

Table 5 :Participants response to questionnaire

Questions	Yes	No	Don't Know
I think this is a physical illness	22 (38.6%)	26 (45.61%)	9 (15.7%)
I think this is a mental illness	25 (43.85%)	18 (31.57%)	14 (24.56%)
I think this is neither physical nor mental illness and a kind of supernatural issue	25 (43.85%)	14 (24.56%)	18 (31.57%)
I think Medicine, counseling & psychotherapy can heal this illness	19 (33.33%)	8 (14.03%)	30 (52.63%)
I think Faith healer can treat or has a solution for this illness	30 (52.63%)	14 (24.56%)	13 (22.80%)

Families were given five question regarding belief, attribution and health seeking behavior for the illness patient presented with. 38.6 % participants responded to the illness as physical cause. About 43.8% of participants responded that conversion is a mental illness. Almost 43.8% participants responded to the illness as a supernatural issue. Only 33.3% of participants thought medicine, counselling and psychotherapy could heal conversion disorder and 52.63% of them thought faith healer could treat it.

DISCUSSION:

In this study the percentage of female patients suffering from Conversion (Dissociative) disorder were found to be more compared to male patients. Similar results were reported by other studies.[14,15] The age group of 20-30 years was found high followed by the age group of 13-19 years. These findings also correspond with the previous study in India.[16] In our part of the country married life begins around 20 to 30 years of age, leading to role transitions and other psychosocial stressors which may contribute to the appearance of Conversion (Dissociative) Disorders.[17] Studies have reported that married women tend to suffer more from dissociative disorder.

The highest frequency was noted in trance and possession disorder and dissociative convulsions, followed by dissociative stupor, dissociative motor disorders, movement and sensation, anesthesia and sensory loss and mixed dissociative disorder. Responses on three questions asked to family members on attributions given to the symptoms had given mixed results. The attribution of Conversion Disorder as "physical illness", "mental illness" and "neither physical nor mental but some sort of supernatural issues" were almost equal. However, treatment seeking approach of the family after the onset of the illness do not correspond exactly to the way responses over the questions were received. The results of treatment seeking approach indicated that the symptoms of the patient have been linked to supernatural belief by the family members. Faith healing has been found to be the first approach of treatment seeking before they visit a doctor or mental health professional. Families respond more on faith healing to questions regarding belief about solutions to Conversion Disorder.[18] Patients were mostly brought by male guardian. Among these participants the percentage of illiterate were high followed by up to high school level and intermediate level. Patients who visited the hospital were mainly from Bara, Parsa and Rautahat, since these are the districts which are closer to the hospital.

Patients were provided treatment as usual in the hospital setting. Family members were psychoeducated about the psychological nature of the illness which also included normalization, cutting of secondary gain and family resolution crisis.

CONCLUSION:

Findings from this study points out that patient are at a risk as most of the patient take longer duration to reach for medical and psychosocial intervention. The findings suggest that

communities in Nepal are still grounded to its ethnic practices. Such a pattern of help seeking might restrict patients to understand about his/ her illness and to learn how to overcome by seeking help from professionals. Conducting awareness program and working in collaboration with faith healers is needed.

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