

Childhood Trauma, Irrational Beliefs and Self-Esteem Among Adult Individuals with Conversion Disorder

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The present study explored the relationship between childhood trauma, irrational beliefs and self-esteem among adult individuals with Conversion Disorder receiving treatment ($N=100$) at public institutes of Lahore. Childhood Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997) Irrational Beliefs Inventory (Ellis, 1962), and Rosenberg Self Esteem Scale (Rosenberg, 1965) were used. Correlational research design was used. Independent sample t test, multiple linear regression, and Multi Variate Analysis of Variance (MANOVA) were applied. Results highlighted childhood trauma as a significant predictor of Conversion Disorder. Childhood trauma had significant negative relationship with self-esteem. Childhood trauma pertaining to parental rejection was a negative predictor of low self-esteem. Independent sample t-test showed that the individuals with childhood trauma had higher scores on irrational beliefs inventory than the general population. Individuals with childhood trauma scored high on worrying, problem avoidance, rigidity, demand for approval and emotional irresponsibility than individuals who did not report any experience of trauma. Childhood trauma was a significant predictor of Conversion Disorder in adulthood. Individuals with a history of trauma in early childhood reported low self-esteem. Individuals with childhood trauma scored high on worry subscale of irrational beliefs inventory.

Keywords: Childhood Trauma, Irrational Beliefs, Self-Esteem, Conversion Disorder

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Exposure to stressful situations has detrimental effects on the personality of an individual. Childhood trauma (CT) can be defined as an unwanted negative event that was experienced with emotional pain and had its manifestations in the childhood, it included the child neglect, sexual harassment, physical abuse and violence (Goodwin & Stein, 2004). Common causes of CT can include death of a close relative, divorce of parents at an early age and experience of abuse: a) physical/sexual (e.g. sodomy, molestation and rape), b) emotional abuse (e.g. verbal threats, threat of being killed). Such experiences are known to have a detrimental impact on the development of one's self and leave long-lasting negative impact on the person as well as it affected the later life of the child who had faced any kind of childhood trauma (Wiersma et al., 2009). Researches highlighted the impact of CT in terms of sabotaging the healthy development of one's self by the repressed feelings and negative emotions that developed because of the traumatic experiences in the past life. Such experiences also laid the foundation of irrational beliefs as the affected individual would have some cognitive errors and started to think irrationally about oneself. It has been seen that those individuals who had developed the emotions like guilt, started blaming themselves for every bad happening around them. The common complaints were the sense of shame, anger and isolation from the society, which lead the individuals towards developing symptoms of conversion disorder. As when a person sees oneself from the spectacles of others and when the person faced social rejection or some sort of conflicts from the society then it might sabotage the self-esteem of that person (Watson & Sell, 2007).

Conversion Disorder (Functional Neurological Symptom Disorder) is commonly known as "Hysteria". The symptoms of this disorder could not have any neurological explanation not even by medical conditions. According to psychoanalytic theories, Conversion Disorder is an expression of repressed psychological disturbance. On conducting the medical evaluation, no medical explanation can be provided for the symptoms being presented. People who perceive the individuals with these symptoms as fooling them usually consider this problem irrational but the fact is that the individuals with Conversion disorder cannot have any control over the symptoms. In other words, people with conversion disorder don't have free will when it comes to the symptoms they presented. (Roelof & Keijsers, 2002).

The physical symptoms of a person with conversion disorder are usually the representation of unresolved conflicts and the treatment of such presentations has been viewed to occur through seeking resolutions of the unresolved conflicts (Breuer & Freud, 1895). Common symptoms of this disorder include Paralysis, Blindness, Tunnel vision, Seizures (non-epileptic seizures), Loss of sensation, Disturbance in coordinated movements such as walking, Numbness, Tremors, Abdominal pain, Speech impairment (Aphonic). Autonomic nervous system and endocrine glands are responsible for the physical symptoms of the conversion disorder. (Goldberg, 2016). Symptoms appears after stressful events as emotional and physical trauma and it happens at cellular, structural and metabolic levels (Legg, 2018). Freud has described that all the unresolved conflicts lie in the unconscious mind and when the person repressed his/her emotional conflicts it would result into conversion disorder which would get externalized in symptoms, as the person tries to get attention, sympathy and support, through secondary sources (Vailant, 1992).

Childhood trauma is any event that causes distressful and painful for the person to experience and even to recall but with an optimal support the person could recover from the emotional pain (Cloitre et al., 2009). Childhood trauma includes all types of traumas faced and experienced by the child such as physical abuse, emotional abuse, sexual abuse and neglect. People might recover from the situations that were experienced in early childhood but when they get triggers from the environment in adulthood it would most likely lead them to develop conversion disorder. (Şar, Akyüz, Kundakçı, Kızıltan, & Doğan, 2004)

Irrational beliefs are the illogical thoughts of an individual that would have damaging effects on the personality of that individual (Pams, 2013). Irrational beliefs are the cognitions that a person has about himself and for others (Rusch, Morris & Allen, 2001).

Ellis (1962) has given his theory on the irrational beliefs as these are the baseless cognitions, which an individual holds for the things or events and which are not explained by some rational thoughts. That is why the individual makes irrational beliefs in order luto justify the event. He has given 12 irrational beliefs, which are the most commonly prevailing among people.

Self-esteem is a positive or negative orientation towards oneself, an overall evaluation of one's worth or value. Rosenberg

(1965) has defined self-esteem as "totality of the individual's thoughts and feelings with reference to himself as an object." Rosenberg's theory of self-esteem deals with the cognitions which a person holds about himself/herself and how it effects a person's self-image. Mruk (2006) conducted a research on competence and worthiness model of self-esteem. This includes skills training and capitalizing that improves self-esteem. It involves training in problem solving skills, assertiveness skills, academic skills, work related skills, on people of low competence. (Roelof & keijzers, 2002).

Rationale of the study

The current study was carried out to explore the relationship between these variables and to uncover the effects of these variables on Conversion Disorder. It is an indigenous study to understand the causative agents of Conversion Disorder, it will help the psychologists in understanding the factors that could lead the person towards Conversion Disorder and also assessment could be easier and the management of the symptoms could become more precise due to the contribution of the study.

Objectives

- To explore the relationship between childhood trauma, irrational beliefs and self-esteem in adult individuals of conversion disorder.
- To determine the impact of childhood trauma on irrational beliefs and self-esteem in adult individuals of conversion disorder.
- To investigate the gender differences in terms of childhood trauma, irrational beliefs and self-esteem.

Hypotheses

- There is likely to be a significant relationship between childhood trauma, irrational beliefs and self-esteem.
- Childhood trauma and irrational beliefs would significantly predict self-esteem.
- There is likely to be a significant impact of childhood trauma on irrational beliefs and self-esteem in adult individuals of conversion disorder.

- There would be a significant gender differences in terms of irrational beliefs and self-esteem in adult individual with conversion disorder.

Method

Research Design

Correlational research design was used to find out the relationship between childhood trauma, irrational beliefs and self-esteem among individuals with conversion disorder.

Sample

A purposive Sample consisting of 100 participants including both the men and women patients with a distribution of 14 men and 86 women was drawn from the hospitals. The age range of the patients was 18-45 years. The data has been collected from different institutes i.e., Fountain House, Services Hospital, Ittafaq Hospital, Aziz Bhatti Hospital (Gujrat), and DHQ Hospital (Gujranwala).

Measures

Demographic Questionnaire. The demographics involved the age, gender (men or women), socio economic status (low or high), education level (matric, intermediate, bachelors, masters) and family system (nuclear or joint) of the participant of research.

Childhood Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997). It is a self-report measure to quantify the childhood trauma experienced by patients of conversion disorder in early life. This questionnaire measured two type of childhood trauma that is parental loss and sexual abuse. This scale take the subjective ratings from the participants on parental loss and the other type of trauma is sexual abuse to quantify the experience. The participant had to rate on it, the rating scale is from 1-10, whereas 1 is for the least intensity and 10 is the maximum of intensity experienced by the participant.

Irrational Beliefs Inventory (Ellis, 1962). It is a 50 items scale inventory to check the irrational beliefs and their effect on psychopathology. English version of this test was used in this research

to measure irrational beliefs among patients of conversion disorder. Sub Scales of irrational beliefs inventory include worrying, rigidity, problem avoidance, demand for approval, emotional irresponsibility. It is a likert type scale, participant responded on a scale 1 to 5. The reliability for the current study was .71.

Rosenberg Self-esteem Scale (Rosenberg, 1965). The Rosenberg self-esteem scale (RSES) was developed by Rosenberg in 1965. English version of this scale was used. It consisted of 10 items with 4-point Likert scale (0-3) rated from strongly agree=3 to strongly disagree=0, item number 2, 5, 6, 8, and 9 were reverse items. The maximum score on this scale is 30. The higher score shows higher self-esteem. The reliability of Rosenberg scale ranges from .50 to .90 in different cultural context (Rosenberg, 1965).

Procedure

Permission was obtained from the concerned authorities to draw the data. Childhood Trauma, Irrational Beliefs and Self-esteem were measured through standardized instruments. Each scale is open to the public and available online. A purposive sample of 100 patients with conversion disorder was drawn from Fountain House and Services 100 patients with conversion disorder was drawn from Fountain House and Services Hospital, Ittafaq Hospital, Aziz Bhatti Hospital(Gujrat), DHQ (Gujranwala). Oral administration was done. After the collection of data, scores were analyzed by using scoring key. The confidentiality of the data was assured to the concerned authorities.

Ethical considerations

The ethics of the research has given very much importance the data of the individuals are kept confidential and would not be revealed and shared anywhere. Permission was obtained from the concerned authorities to draw the data. Childhood Trauma, Irrational Beliefs and Self-esteem were measured through standardized instruments. Each scale is open to the public and available online. A purposive sample of 100 individuals with conversion disorder was drawn from different hospitals. After the collection of data, scores were analyzed by using scoring key. The confidentiality of the data was assured to the concerned authorities.

Results

Table 1

Pearson Product Moment Correlation among the variables of the study (N= 100).

Variables	1	2	3	4	5	6	7	8	M	SD
1.Childhood trauma	-	.08	-.14	-.07	-.41	-.02	-.08	-.25*	12.45	3.52
2. Worrying		-	.18	.35**	.44**	.45**	.70**	.06	51.87	3.26
3. Rigidity			-	-.12	.12	.16	.66**	.30**	60.25	6.27
4. Problem avoidance				-	.54**	.01	.49**	-.24*	41.97	3.52
5. Demand for approval					-	.25**	.65**	-.12	28.80	2.33
6.Emotional irresponsibility						-	.64**	.00	29.42	1.77
7. total IBI							-	.09	213.31	10.56
8. total RSS								-	16.92	5.30

Note. * $p < .05$, ** $p < .01$

Results show moderate significant negative relationship between childhood trauma and parental loss while parental rejection has significant negative relationship with self-esteem. Moreover, worrying has weak significant positive correlation with problem avoidance, demand for approval, emotional irresponsibility and high significant positive correlation with irrational beliefs. Rigidity has moderate positive significant relationship with irrational beliefs and weak positive and significant self- esteem. Furthermore, problem avoidance has moderate positive significant correlation with demand for approval and emotional irresponsibility but weak negative significant correlation with self-esteem. Demands for approval have weak significant positive correlation with emotional irresponsibility and moderate positive significant correlation with irrational beliefs. Lastly, irrational beliefs also have moderate significant positive correlation with emotional irresponsibility.

Table 2

Simple Linear Regression to Predict Worrying from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	B	SE	β	T	p
Constant	49.59	1.27		38.87	.001
Parental loss	.12	.099	.16	1.25	.213
Sexual Abuse	.41	.208	.26	1.99	.049

Note. $F = 1.99$, $p = ns$

Result of simple linear regression indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of worrying.

Table 3

Simple Linear Regression to Predict Rigidity from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	<i>B</i>	<i>SE</i>	β	<i>T</i>	<i>p</i>
Constant	62.06	2.45		25.25	.001
Parental loss	-.28	.190	-.193	-1.47	.144
Sexual Abuse	-.04	.40	-.016	-.21	.904

Note. $F = 1.69$, $p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of rigidity.

Table 4

Simple Linear Regression to Predict Rigidity from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	<i>B</i>	<i>SE</i>	β	<i>T</i>	<i>p</i>
Constant	62.06	2.45		25.25	.001
Parental loss	-.28	.190	-.193	-1.47	.144
Sexual Abuse	-.04	.40	-.016	-.21	.904

Note. $F = 1.69$, $p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of rigidity.

Table 4

Simple Linear Regression to Predict Problem Avoidance from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>p</i>
Constant	41.86	1.40		29.84	.001
Parental loss	-.02	.108	-.031	-.23	.816
Sexual Abuse	.06	.228	.040	.30	.764

Note. $F = .204$, $p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of problem avoidance.

Table 5

Simple Linear Regression to Predict Demand for Approval from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>p</i>
Constant	29.20	.92		31.47	.00
Parental loss	.69	.07	.12	.96	.33
Sexual Abuse	.05	.15	.04	.34	.73

Note. $F = 1.69$, $p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of demand for approval.

Table 6

Simple Linear Regression to Predict Emotional Irresponsibility from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>P</i>
Constant	27.76	.68		40.61	.00
Parental loss	.106	.05	.25	2.0	.04
Sexual Abuse	.27	.11	.32	2.4	.01

Note. $F = 3.1$, $p < .05$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is a significant predictor of emotional irresponsibility. R^2 indicated 62% variance in emotional irresponsibility accounted by childhood trauma. Regression coefficient further indicated that 1 standard deviation unit increase in childhood trauma pertaining to parental loss would result in .25 increase in emotional irresponsibility while 1 standard deviation unit increase in childhood trauma related to sexual abuse would result in .32-unit increase in emotional irresponsibility.

Multivariate analysis of variance of carried out to explore the effect of type of childhood trauma on different irrational believes that

is worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility. The results are as follow:

Table 7

Multivariate Analysis of Variance to measure effect of types of Childhood Trauma on Irrational Beliefs (N=100)

Effect	λ	<i>F</i>	Hypothesis df	Error df	<i>P</i>	η^2	Observed Power
Parental loss	.42	2.1	36.00	358.45	.00*	.134	.99
Sexual Abuse	.84	1.19	12.00	162.00	.29	.08	.66
Parental loss*Sexual Abuse	.80	.61	30.00	326.00	.94	.043	.46

Note. $p < .05$

Results of MANOVA (Wilks Lambda) indicated significant main effect of parental loss on Irrational believes. Partial eta squared indicated 13% variance in irrational believes as accounted by parental loss. There was no other significant main effect or interaction effect. Results of Between Subject effect to explore the effect of parental loss on irrational believes are as follow.

Table 8

Multivariate Analysis of Variance to measure effect of Parental Loss on Irrational Believes

Source	Dependent Variable	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	η^2	Observed Power
Parental Loss	Worrying	76.76	6	12.79	1.27	.28	.08	.47
	Rigidity	223.31	6	37.21	.89	.50	.05	.33
	Problem Avoidance	103.1	6	17.19	1.41	.21	.09	.52
	Demand for approval	17.00	6	2.83	.49	.81	.03	.18
	Emotional Irresponsibility	26.45	6	4.40	1.38	.22	.08	.51

Results indicated no significant main effect of parental loss on any of the irrational belief.

Discussion

Childhood trauma is a significant predictor of conversion disorder. Individuals who have experienced childhood trauma in their early childhood have more irrational beliefs, as the result show highly significant relationship of childhood trauma with worrying component of irrational beliefs inventory. However, the individuals who have experienced childhood trauma has scored more on worrying, rigidity, problem avoidance, demand for approval, emotional irresponsibility as compared to the individuals who have not experienced any trauma. Likewise, victimized individuals would significantly predict low self-esteem as compared to the individuals who have not experienced any trauma. The type of childhood trauma experienced by the child also played a significant role in onset of the conversion disorder. Both the genders have faced the same intensity of trauma as it was previously believed that women faced more sexual harassment as they are the easy victim but results show both faced equal and same kind of trauma. Individuals with conversion disorder would have relatively low self-esteem as compared to the individuals who have not experienced any trauma in their early childhood and they have more irrational beliefs than individuals without histories of childhood trauma.

Limitations

This research is only done in the areas of Lahore (private and public institutes), researchers could explore the current research in many other domains as well and take it on the national and provincial level. This study has only quantitative approach it could be further explored by using qualitative and mixed method research techniques.

Conclusion

Childhood trauma is a significant predictor of high irrational beliefs and low self-esteem among individuals with conversion disorder. Individuals with conversion disorder would rate high on worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility as compared to the individual who do not have experienced any type of childhood trauma.

References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.
- Bernstein, D. P., Ahluvalia, T., Pogge, D., & Handelsman, L. (1997). Validity of the Childhood Trauma Questionnaire in an adolescent psychiatric population. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(3), 340-348.
- Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. V. D., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399-408.
- Dean, F. (2013). Superstitions in an urban contemporary community. *The Student Researcher*, 2(2), 59-77.
- Freud, S., & Breuer, J. (1895). Studies on hysteria. se, 2. *London: Hogarth*, 255-305.
- Goodwin, R. D., & Stein, M. B. (2004). Association between childhood trauma and physical disorders among adults in the United States. *Psychological Medicine*, 34(3), 509-520.
- Gould, R., Miller, B. L., Goldberg, M. A., & Benson, D. F. (1986). The validity of hysterical signs and symptoms. *Journal of Nervous and Mental Disease*, 174(10), 593-597.
- Mruk, C. J. (2006). *Self-Esteem Research, Theory, and Practice: Toward a Positive Psychology of Self-Esteem*. Springer Publishing Company.
- Qin, C. D., Helfrich, M. M., Fitz, D. W., Oyer, M. A., Hardt, K. D., & Manning, D. W. (2018). Differences in post-operative outcome between conversion and primary total hip arthroplasty. *The Journal of Arthroplasty*, 33(5), 1477-1480.

- Roelofs, K., Keijsers, G. P., Hoogduin, K. A., Näring, G. W., & Moene, F. C. (2002). Childhood abuse in patients with conversion disorder. *American Journal of Psychiatry*, 159(11), 1908-1913.
- Rusch, M. D., Morris, G. L., Allen, L., & Lathrop, L. (2001). Psychological treatment of nonepileptic events. *Epilepsy & Behavior*, 2(3), 277-283.
- Şar, V., Akyüz, G., Kundakçı, T., Kızıltan, E., & Doğan, O. (2004). Childhood trauma, dissociation, and psychiatric comorbidity in patients with conversion disorder. *American Journal of Psychiatry*, 161(12), 2271-2276.
- Watson, A. C., Corrigan, P., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin*, 33(6), 1312-1318.
- Wiersma, J. E., Hovens, J. G., van Oppen, P., Giltay, E. J., van Schaik, D. J., Beekman, A. T., & Penninx, B. W. (2009). The importance of childhood trauma and childhood life events for chronicity of depression in adults. *Journal of Clinical Psychiatry*, 70(7), 983.