

## Relationship between Childhood Trauma and Hysteria in Pakistani Females

### Abstract<sup>1</sup>

*This research was conducted to find out the nature of trauma that might have occurred in early childhood and result in the person developing psychological symptoms of Hysteria. The result of the study shows significant positive relationship ( $r=.49$ ,  $**p<.01$ ) between childhood trauma and the development of Hysteria among females. Different sorts of traumas were also identified in this research. The findings of the research are interesting as they have strong implications in developing therapeutic interventions for the females suffering from Hysteria. Hence this research will be highly beneficial for future researchers and clinicians as well as for consciousness raising among Pakistani females.*

**Keyword:** Childhood, Females, Hysteria, Trauma

### INTRODUCTION

Childhood trauma, including abuse and neglect, death of loved ones and injury is probably our nation's single most important public health challenge, a challenge that has the potential to be largely resolved by appropriate prevention and intervention. Most traumas begin at home and the vast majority of people (about 80 %) responsible for child abuse are children's own parents.

All mental illnesses are based on social and cultural factors, which affect its supposed etiology, structure and treatment (Castillo, 1997). Hysteria is an ancient term used to describe symptoms, which now fall under the term Conversion Disorder. As yet there has been no clear explanation of its etiology. Hysteria as a term in its own right was dropped from both DSM-IV and ICD-10 (Illis, 2002) and was replaced with Conversion Disorder.

Histories of childhood trauma like physical/sexual abuse and death of loved ones are associated with a host of other psychiatric diagnoses in adolescence and adulthood: substance abuse, borderline and antisocial personality, as well as eating, dissociative, affective, somatoform, Conversion (Hysteria), cardiovascular, metabolic, immunological, and sexual disorders (Van der, 2003). Research conducted in Pakistan indicates that Conversion Disorder is one of the most prevalent psychiatric diagnoses representing 12.4% of the admissions in the inpatient psychiatric unit (Farooq, 2007).

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**Rationale of the Study**

In Pakistan there has been limited research conducted on childhood physical and sexual abuse and there is a dearth of research on the overall childhood trauma like physical, sexual abuse, neglect, death of loved ones and injury. In particular the relationship between childhood trauma and conversion (hysteria) disorder has rarely been addressed. The aim of the present research is an attempt to find out association and pattern of childhood trauma in female patients presenting with conversion (hysteria) disorder.

**RESEARCH METHODOLOGY****Hypothesis**

There is a relationship between childhood trauma and hysteria (conversion disorder) among Pakistani females.

**Sample**

The sample comprised 100 female patients whose age range were between 18 years and older. The patients were diagnosed by the psychiatrist and researcher according to the diagnostic criteria given by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (American Psychiatric Association, 2000). The sample of study was collected from the psychiatry departments of different hospitals, government hospitals and private clinics in the cities of Punjab e.g., Rawalpindi and Lahore.

**Assessment Measures**

Demographic Questionnaire.

Childhood Traumatic Events Scale (CTES) developed by Pennebaker & Susman in 1988 and translated by Researcher in 2014.

Minnesota Multiphasic Personality Inventory – Subscale Hysteria (MMPI - Hy) translated into Urdu by Mirza in 1977.

**Procedure**

The researcher visited different hospitals one by one and with collaboration of the relevant authorities. Before carrying out the research, the researcher briefed the authorities of different hospitals and the patients about the purpose of study and the researcher was able to ensure them of complete confidentiality since the data was to be used only for research purposes. Researchers have taken consent from all of the participants, then all the scales have been administered in person to each subject of the study and data has been collected individually. After the procedure of data collection, the data was statistically analyzed in order to test the hypothesis.

**Statistical Analysis**

The data was analyzed statistically through computer software, Statistical Package for Social Sciences (SPSS) Version 18. Demographic variables were analyzed using descriptive analysis and the relationship between the childhood trauma and hysteria (conversion) among females was obtained by correlation coefficient.

## RESULTS & DISCUSSION

**Table 1**

*Frequencies and percentages of demographic characteristics and Clinical characteristics of the sample (N = 100)*

Characteristic	Groups	Frequency	Percentage
Age;	18 – 25	66	66
	26 – 35	31	31
	36 – older	3	3
Education	Under matric	38	38
	Matric	28	28
	Intermediate	17	17
	Graduation	14	14
	Post-graduation	1	1
	No Education	2	2
Marital Status	Single	68	68
	Married	29	29
	Widow	3	3
Living area	Urban	39	39
	Rural	61	61
Trauma	Death	69	69
	Parental	39	39
	Separation/Divorce		
	Sexual	44	44
	Physical/Violence	36	36
	Health (Illness, Injury)	59	59
	Other	24	24

Table 1 shows frequency and percentage of demographics and different types of traumas. Age range is 18 and older. Table 1 describes that a high frequency in the age range of 18 to 25 is 66% in females. In the category of marital status 68% female participants are single. Females who belonged to rural areas are 61%. Females who faced different traumas like death of loved ones (69%), parental separation/divorced (39%), sexual abuse (44%), physical abuse and violence (36%), health (illness and injury) is 59% and other trauma is 24%.

**Table 2**

*Correlation matrix among Childhood Trauma and Conversion Disorder (Hysteria) in Pakistani females (N=100)*

Childhood trauma	Conversion .49**
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Note. \*\* $p < 0.01$

Table 2 explains that the correlation coefficient between childhood trauma and Conversion Disorder ( $r = .41$ ) are found to be highly significant ( $p < 0.01$ ). The table shows a significant positive relationship between childhood trauma and Conversion Disorder (Hysteria) in Pakistani females.

**Table 3**

*Multiple regression analysis to test effects of Childhood trauma and Conversion Disorder (Hysteria) in Pakistani females (N= 100)*

Variables	Conversion (hysteria)	
	B	Model 1 95% CI
Constant	61.18	[70.66, 51.70]
Childhood trauma	.33	[.44, .21]
$R^2$	.24**	
F	31.38	

Note. CI = confidence interval.

\*\* $p < 0.01$

Multiple regression analysis is computed to explore the predictive features of childhood trauma and conversion (hysteria) in females. As shown in Table 2, the childhood trauma ( $\beta = .49$ ,  $p < 0.01$ ) predicted Conversion Disorder (hysteria). The value of  $R^2$  shows that Conversion Disorder (hysteria) and childhood trauma explained a total of 24 % variance in Pakistani females.

In the present study the relationship between childhood trauma and Conversion Disorder (hysteria) was explored. The hypothesis of the present research was that there is a positive relationship between childhood trauma and Conversion Disorder (hysteria) among Pakistani females and previous research supported the hypothesis (Table 2). One study examines the association and pattern of childhood sexual abuse in patients exhibiting conversion disorder. The sample consists of 60 female in-patients with conversion disorder. Results showed positive associations of childhood trauma like sexual abuse in childhood and Conversion Disorder in adult life (Maqsood, Leghari, & Akram, 2013). According to Aamir, Farooq & Jahangir (2011), who conducted research on life events and Conversion Disorder among females, concluded that important characteristics of Pakistani people who experience trauma and Conversion Disorder were being female, low socio-economic status and low educational level. This research also supported the results of the study. In another cross-sectional study (Malik et al, 2010) of patients with conversion disorder, the majority of participants were young, female, formally educated, rural residents, unmarried, unemployed, having no family history of mental illness and were presented through the outpatient’s department.

## CONCLUSION

The present study was proposed to explore the relationship between childhood trauma and hysteria in Pakistani females. Childhood trauma has a significant positive relationship with Conversion Disorder (hysteria). It was also concluded that childhood trauma has a positive predictor of conversion (hysteria) disorder. It can be concluded that childhood trauma has a significant impact on the development and maintenance of Conversion Disorder (hysteria). The findings of the research are interesting as they have strong implications in developing therapeutic interventions for women suffering from Hysteria.

## Limitation and Recommendation for Future Research

This research has potential for future studies if linked with other issues that have not been studied in this research. The study was limited to women only and the sample size was small. This study recommends that further research with larger sample size and addition of male participants may be required. The data should be validated by family, parents, caregiver, spouse and significant others as it would open new doors in understanding the problem through another perspective.

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