

CONVERSION DISORDER

Conversion disorder is a form of summarization (the expression of mental phenomena as physical (somatic) symptom. Therefore conversion disorder is a psychological problem expressed in physical symptoms. Conversion disorder develops as a way for the brain to deal with emotional strife. It is almost triggered by stressful situations and other mental disorders. Conversion disorder begins with stressor, trauma or psychological distress. The physical symptoms include

- Blindness / impaired vision / double vision
- Partial or total paralysis
- Inability to speak
- Deafness
- Numbness
- Difficulty swallowing / sensation of a lump in the throat.
- Balance problem
- Seizures
- Tremors
- Difficulty walking
- Loss of consciousness
- Impaired coordination or balance

Other common signs include;

- A debilitating symptom that begins suddenly

- History of a psychological problem that gets better after the symptom appears.
- Lack of concern that usually occurs with a severe symptom.

The symptoms of conversion disorder are valid when a medical explanation cannot be found. The physical symptoms are not life threatening if there no physical causes. The physical symptoms are thoughts to be an attempt to resolve the conflict the person feels inside. The conversion disorder is typically seen in individuals between ages 10 to 35 years. It is more common among women. Conversion disorder is common among people with a history of emotional trauma and those who have a hard time talking about their feelings.

CAUSES

Symptoms start suddenly after a stressful experience. People are at risk of conversion disorder if they have

- A medical illness
- A dissociative disorder (escape from reality) a mental health condition that alters a person's sense of reality. Most people with this disorder will have experienced a traumatic event during childhood. They "dissociate" or switch off from reality, cope with it.
- A personality disorder (inability to manage feelings and behaviours that are expected in certain social situations.

People who have conversion disorder are not making up their symptoms (malingering). This condition is real and causes distress and cannot be turned on off.

DIAGNOSES

1. History taking focusing on (traumatic experiences, physical accidents and head injury, history of medical examination and history, childhood and family experiences, pattern of disorder
2. Examine the physical symptoms present during the conversion
3. Medication examinations to rule out physical cause.

TREATMENT

- a) Psychotherapy / counseling
 - a. Family therapy focusing on interactions and communication in the family
 - b. Insight oriented support therapy focusing on assisting the client gain insight into their condition and possible triggers
 - c. Behaviour therapy examine the client symptoms and teach techniques to help them cope better and alleviate symptoms
 - d. Psychodynamic therapy

- e. Client – centered therapy focusing of non judgmental acceptance and good relationship with the client.
- b) Physical / occupational therapy
- c) Stress management
- d) Transcranial magnetic stimulation
- e) Hypnosis
- f) Medicines / antidepressants or antipsychotics drugs

PREVENTING CONVERSION DISORDER

- a) Educating children, youth and adults on effective stress management strategies
- b) Physical exercises
- c) Adopt stress relieving activities
- d) Follow up medication in prescribed
- e) Educating parents, youth and adults on conversion disorder.

Prepared

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