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RELATIONSHIP BETWEEN CHILDHOOD TRAUMATIC EXPERIENCES AND DISSOCIATIVE EXPERIENCES

Sameera Akhtar*

M. phil Scholar, Department of Psychology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Prof. Dr. Erum Irshad

Professor, Department of Psychology, University of Peshawar, Peshawar, Khyber Pakhtunkhwa, Pakistan.

Author Details

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Corresponding E-mails & Authors*:

Sameera Akhtar

Abstract

Conversion Disorder is a complicated and perplexing mental health condition characterized by one or more unexplained physical symptoms. Despite recent developments in the studies conducted on this condition, more research is required to fully understand the underlying causes of its manifestation. This study examines the intricate relationships between dissociative experiences, gender differences, and childhood traumatic experiences among patients of conversion disorder within a clinical population in Peshawar, Pakistan. The sample included 80 individuals (Females = 40, Males = 40) diagnosed with Conversion Disorder between the ages of 18 and 55. Participants provided self-report data using standardized measures such as the Childhood Trauma Questionnaire (CTQ) and the Dissociative Experiences Scale (DES). Statistical techniques including correlation and t-tests were used to assess the study hypotheses. The results showed a strong correlation ($r = .327$, $p < 0.05$) between dissociative episodes and childhood trauma, demonstrating the importance of trauma in conversion disorder.

INTRODUCTION

Conversion Disorder also referred to as functional neurological symptom disorder, is an enigmatic disorder that has fascinated researchers and practitioners for ages, making its imprint in a long history of medical and psychological literature (Sadock et al., 2017). The origin of conversion disorder may be traced to the end of the nineteenth century when it was initially identified and named. The word "conversion," which refers to "to turn around" or "to transform," is derived from the Latin word "convertō" (Sharpe et al., 2010). As it relates to conversion disorder, this transformation refers to the puzzling phenomena wherein emotional anguish and psychological problems manifest as seemingly physical symptoms (Roelofs et al., 2002). The idea

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of conversion has played a vital role in the evolution of psychology and psychiatry, profoundly impacting the ideas of Sigmund Freud. Much of modern psychodynamic theory was founded on Freud's remarkable work with hysterical patients, which was traditionally linked to conversion disorder. His observations and thoughts on how psychological discomfort might manifest as physical symptoms have greatly influenced the field of psychology (Freud, 1895).

Conversion Disorder has long had a unique position among psychiatric diagnoses, inspiring both intrigue and debate. It reflects how knowledge of the complex relationship between the mind and body is advancing. Conversion Disorder has remained a mystery from Freud's psychoanalytic viewpoints to modern neurobiological investigations, offering hints about the complex interaction between psychological and physiological processes (Carson et al., 2012).

Conversion disease (CD), included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), somatic symptoms and related disorders, is a complex and intriguing psychiatric condition. Conversion disorder has long been a source of difficulty for patients and medical professionals since it is characterized by the existence of functional neurological symptoms that cannot be related to any recognized medical or neurological illness (5th ed.; DSM-5; American Psychiatric Association, 2013). Conversion Disorder is a collection of one or more physical symptoms, often of a pseudo-neurological nature, that defies explanation by any recognized medical condition (Brown et al., 2007). Individuals with conversion disorder display mental symptom ratings that closely resemble those of people with an extensive range of psychiatric illnesses, which is indicative of a significant presence of concurrent mental health disorders (Spitzer et al., 1994). Notably, depression, generalized anxiety disorder, and neurasthenia are common mental illnesses among these individuals. Due to its intricacy and probable interactions with other mental disorders, conversion disorder is a complex mental health condition (World Health Organization, 1992; Sar et al., 2004; Sar et al., 2009).

Conversion Disorder is mysterious in nature, and its prevalence varies across different demographic and clinical contexts. The prevalence of conversion disorder has been mostly reported within the limits of neurology clinics, often comprising a range of 30% to 60% of individuals seeking medical treatment in such settings. However, when we broaden our view to include the entire general population, the estimated prevalence of conversion disorder stands out because it falls into a much more constrained range, often between a low of 0.011% to a moderate 0.5% (Moini et al., 2021). However, the actual prevalence of conversion disorder is unknown at the moment (Lakhani et al., 2022). Both psychiatric and general medical settings in Pakistan frequently encounter conversion symptoms. Conversion Disorder, including Dissociative disorder, stands out in the psychiatric field specifically because it represents a significant fraction of all inpatient psychiatric admissions, between 5% and 13%. It is important to emphasize that Pakistan does not currently have a thorough national surveillance study that focuses on this topic (Khan et al., 2014). The prevalence, etiology, and contributing variables of conversion

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disorder in Pakistan are therefore critically in need of a more thorough and nuanced study in this particular population.

Typically, a stressor, psychological discomfort, or trauma, that causes a physical deficiency triggers the onset of conversion symptoms. In addition, conditions like vision loss, limb immobility, muscle contractions, non-epileptic seizures with psychological causes, numbness, loss of sensation, difficulty swallowing, impaired mobility, perceptual distortions, involuntary muscle movements, and cognitive impairment are typical examples of conversion signs and symptoms (Marshall & Schwieters, 2021).

Childhood trauma includes a wide range of negative events, including physical and sexual abuse, neglect, emotional mistreatment, and experiencing violence. When such kind of traumatic experiences happen at critical developmental phases, they may have a long-term effect on a person's psychological health (Fergusson et al., 2008). Childhood trauma exposure is often defined as acts of physical, sexual, or emotional abuse, as well as physical or emotional neglect, occurring before the age of eighteen (D. P. Bernstein et al., 1997). It can also include more extensive traumatic situations that occurred in the house, such as a serious accident, noticing parental drug usage, or losing a parent or loved one (Brown et al., 2009; Bremner et al., 2007).

Numerous studies have shown that childhood traumatic events are common before the development of conversion disorder (Mulder et al., 1998; Roelofs et al., 2005; Sobot et al., 2012). According to the scientific data, childhood trauma has a substantial influence on mental health outcomes. A startling 85% of individuals with conversion disorder investigated in clinical research by Brown et al. (2014) reported having experienced childhood trauma. The study emphasizes how strongly early traumatic events are connected to the development of conversion disorder in clinical populations (Brown & Fernández, 2011). Additionally, a population-based study conducted by Anda et al., (2006) that included a significant group of more than 17,000 people confirmed the associative link between exposure to childhood trauma and a higher risk of developing a variety of mental illnesses, including Conversion Disorder. These results highlight the enormous influence of childhood trauma on the course of an individual's mental health (Brown & Fernández, 2011).

Beyond gender differences, the complex web of factors for conversion disorder also includes the importance of traumatic childhood events. The concept of childhood trauma, which is defined as unfavorable incidents or experiences during formative years, has received a lot of attention to mental diseases, such as conversion disorder. Numerous research studies have looked at the association between traumatic events in childhood and developing symptoms of conversion disorder, providing insight into the intricate interplay between previous trauma and current psychopathology (Sar, Islam, & Erdinç, 2009; Sar et al., 2004).

While the relationship between childhood trauma and mental health disorders is evident the exact association with Conversion Disorder requires further investigation. Studies by Lévesque et al. (2018) and Spiegel et al. (2011) have started this exploratory process. Comparing

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individuals who had Conversion Disorder to control groups, Spiegel et al., (2013) found that those with the disorder reported significantly more incidences of emotional abuse from their childhood. This research raises the possibility that emotional abuse suffered during the early stages of a person's life may be a key factor in the emergence of conversion disorder. In a revealing meta-analysis, Lévesque et al. (2018) also confirmed that people with conversion disorder showed a higher risk of having experienced childhood trauma, with sexual and emotional abuse surfacing as important predictors. This offered more validity for their findings. Saxe et al., (1994) concentrating on young populations, also explored the intricate connection between childhood trauma, dissociation, and conversion disorder. Their investigation revealed a strong connection between them: children diagnosed with conversion disorder had much higher trauma exposure rates than their peers without the condition. Such findings highlight the potential relevance of childhood trauma in the etiological basis of conversion disorder and show that its effects may be experienced throughout the lifespan (Holowka et al., 2003).

These combined findings highlight the critical significance of traumatic experiences in childhood as potential risk factors for conversion disorder. It is important to stress that while the Conversion condition does not always occur in people with a history of childhood trauma, these events may act as catalysts and contribute to the sensitivity and complex presentation of this mysterious condition (Holowka et al., 2003; Spiegel et al., 2013; Lévesque et al. 2018; Saxe et al., 1994).

Dissociation appears as a bright thread in this intricate tapestry, providing important insights into the causes, manifestations, and treatment of this misleading disorder i.e., Conversion Disorder. A disturbance or discontinuity in the normal functioning of memory, consciousness, bodily representation, emotion, perception, identity, behavior, and motor control, is referred to as dissociation in the 5th edition of the Diagnostic and Statistical Manual of Psychiatry (American Psychiatric Association, 2013).

Dissociation can manifest in a variety of unusual ways, including dissociative amnesia (the inability to access important or personal memories, which is different in terms of quality from ordinary forgetfulness), absorption (losing awareness of one's surroundings or the passing of time when deeply engaged in certain activities), identity alteration (perceiving oneself as having numerous different personas), and derealization (experiencing the world as if it is unreal) and depersonalization, which is the sensation of being cut off from one's own emotions, and body (Spitzer et al., 2006; Brown, 2006).

According to Dalenberg et al. (2012), Dissociative experiences are common in the days following potentially stressful life events. Many researchers and professionals see dissociation as a coping strategy or adaptive response that shields people from the severe anguish brought on by specific traumatic life events. For instance, dissociation following a traumatic event enables people to "distance" themselves from the upsetting cause, increasing their ability to adjust and protect their underlying physical and emotional wellness (Carlson et al., 2008; Gentile et al., 2013; Dalenberg et al., 2012). However, with the passage of time, the initially "adaptive"

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response can become maladaptive, particularly when it is adopted automatically or without consideration in response to various stresses or traumatic recollections (Carlson et al., 2008). Although meta-analyses have attempted to investigate and clarify the relationship between dissociation and childhood trauma across both non-clinical and clinical populations, the relationship between childhood trauma and dissociation in people who struggle with conversion disorder remains contradictory (Dalenberg et al., 2012; IJzendoorn & Schuengel, 1996; Rafiq et al., 2018).

Conversion Disorder exists at the interesting nexus of psychology and neurology and is characterized by the appearance of neurological signs without obvious medical reasons. Researchers and clinicians worldwide have paid close attention to the complex connection that exists between Conversion Disorder and dissociative experiences. According to several research, people with conversion disorder regularly have more dissociative episodes than healthy controls. Transient paralysis, altered sensory impressions, memory lapses, and even changes in consciousness can all be indications of these dissociative experiences (Dahlmann, 2021).

Moreover, the level of dissociation was shown to be associated with the intensity of conversion symptoms in research by Carson et al., (2012) which examined the function of dissociation among individuals with conversion disorder. This important discovery implies that experiences of dissociation may actively influence the emergence and maintenance of conversion symptoms rather than just co-occurring with them (Carson et al., 2012).

Diverse theoretical stances have helped us comprehend how dissociation fits into the intricate context of conversion disorder. According to psychodynamic theories, dissociation acts as a protective mechanism that helps people detach themselves from upsetting feelings, memories, or ideas (Carson et al., 2012). According to this point of view, dissociative experiences act as a connection between underlying psychological tensions and external symptoms, with conversion symptoms acting as symbolic representations of these conflicts.

As opposed to this, cognitive-behavioral theories propose that dissociative experiences may develop as a learned reaction to trauma and stress (Brown & Fernández, 2011). The onset of physical symptoms tends to be a result of dissociative coping mechanisms that people with conversion disorder might have evolved to deal with intense emotional events.

Conversion Disorder and dissociative experiences are two puzzling aspects of psychopathology that have tremendous historical importance, diagnostic complexities, and therapeutic ramifications. This section offers an introduction to conversion disorder and its diagnostic standards, provides details on the phenomenon of dissociation and its crucial significance in conversion disorder, explores the development of these constructs historically, and assesses the prevalence of conversion disorder in both clinical and general populations.

According to Sar et al., (2004) dissociation plays a key role in the complex web of Conversion Disorder. It frequently appears as an important facet of the clinical picture, entwined with the bodily symptoms that define this condition. Dissociative experiences may actively contribute to the emergence and maintenance of conversion symptoms, suggesting its active

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role in conversion disorder rather than just being a co-occurring symptom. Therefore, it is essential to know dissociation in order to fully comprehend the intricate nature of conversion disorder. Another study has also found a correlation between dissociation and conversion disorder. For example, Dar & Hasan, (2018) conducted a study investigating the connection between dissociations and traumatic childhood experiences in conversion disorder patients. The study found that dissociative symptoms were significantly higher in individuals who experienced trauma such as emotional and sexual abuse during childhood. The authors propose that dissociation may be a coping mechanism that individuals with conversion disorder use to avoid trauma-related emotional distress.

In addition, a study revealed that conversion disorder may be a manifestation of dissociative processes. According to the authors, conversion symptoms may represent a dissociative response to overwhelming emotional experiences (Reinders et al., 2019).

The Adverse Childhood Experiences (ACEs) research, conducted by Felitti et al., (1998), was essential in defining our understanding of the relationship between childhood trauma and mental health consequences. Abuse, neglect, and home difficulties were among the 10 adverse childhood experiences that were found by the study, which also showed a dose-response association between the severity of ACEs and negative mental health consequences. Childhood traumatic experiences can be linked to several mental health outcomes. Teicher et al., (2003) conducted research in the field of neuroscience indicating early traumatic events might result in neurobiological alterations that impact brain development and function. Later in life, these alterations might be a factor in mental health issues.

The comorbidity of conversion disorder and childhood trauma is an important consideration in the treatment of the disorder. Research reveals that conversion disorder patients have a higher likelihood of experiencing childhood trauma, particularly emotional abuse and neglect (Akyüz et al., 2017). These results imply that traumatic childhood events contribute significantly to the emergence of dissociative symptoms in conversion disorder patients.

Dissociation has a distinct historical trajectory while being closely connected to conversion disorder. Through the work of Pierre Janet, the idea of dissociation rose to prominence in the late 19th century. Janet's groundbreaking investigations shed light on the complex nature of dissociative experiences, opening the door for modern interpretations of this phenomenon. Dissociation has been researched from a range of theoretical stances throughout the years, including neurobiological, cognitive-behavioral, and psychodynamic frameworks (Haule, 1986; Putnam, 1989). Dissociation has been proposed to act as a defense mechanism that protects the person from extreme distress and conflict in modern psychodynamic theories, which have been greatly inspired by Freud's concepts. It entails the division of ideas, feelings, and memories in order to lessen psychological suffering and conflict (Holmes et al., 2005). On the other hand, Cognitive-behavioral theories of dissociation concentrate on cognitive processes and propose that dissociation is caused by cognitive deficiencies in processing traumatic

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information. These theories emphasize how memory splintering and cognitive biases contribute to the emergence and persistence of dissociative experiences (Dalenberg et al., 2012).

Frewen & Lanius, (2014) asserted that altered states of consciousness (dissociation) may be a common experience in individuals with a history of traumatic events and may manifest as dissociative experiences in conversion disorder. The authors proposed a 4-D model to describe the altered states of consciousness that may occur in trauma, which includes disconnection, distress, depersonalization, and derealization. These states may involve a sense of detachment from the self or the external world and can be accompanied by intense emotions. Understanding these altered states of consciousness may provide insights into the mechanisms underlying conversion disorder and other trauma-related disorders. Additionally, the findings of another research suggest that patients with conversion disorder who reported childhood trauma had noticeably more dissociative experiences in comparison to individuals who did not report such incidents (Ural et al., 2020).

Within the field of psychological research, the connection between childhood trauma and dissociation makes for an intriguing subject of study. In accordance with the attachment theory, the establishment of stable attachment relationships can be hampered by early experiences of neglect or abuse, which can result in maladaptive coping strategies including dissociation (Bowlby, 1988). Damage to attachment ties can lead to emotional dysregulation and have a role in the emergence of dissociative symptoms. Moreover, childhood trauma can result in the compartmentalization of traumatic memories and emotions as a defense strategy, according to psychodynamic theories. Later, these suppressed or dissociated parts may reappear, adding to dissociative episodes (Skacel et al., 2022). Many researches have looked at how common dissociation is in people who have experienced childhood trauma. According to these studies, those who have been exposed to trauma have greater frequencies of dissociative experiences than those who have not (Dorahy et al., 2016). In addition, specific forms of childhood trauma, such as sexual abuse, have been linked in studies to dissociative symptoms like depersonalization, derealization, and amnesia (Chu et al., 1999; Irwin et al., 2022). According to Sar, Islam, et al., (2009b) the level of dissociation is frequently connected with the severity and duration of trauma.

Furthermore, Saxe et al. (2001) found that dissociation had a role in moderating the association between childhood trauma and Conversion Disorder in youngsters. It was discovered that dissociation was a possible mechanism through which conversion symptoms resulting from traumatic events manifested.

Conversion disorder is typically linked to prior traumatic events that occurred in both childhood and adulthood. As traumatic memories are “converted” into bodily or sensory deficiencies, these traumatic events may act as triggers for dissociative symptoms (Brown, 2006). Dissociation in conversion disorder adds to the complexity of clinical manifestations and frequently necessitates thorough evaluation to distinguish it from actual neurological or medical disorders (American Psychiatric Association, 2013).

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While the present literature provides useful insights into the complex interaction of childhood trauma, dissociation, and Conversion Disorder (CD), there are some major gaps and prospects for further research. While cross-sectional studies have aided in our comprehension (Dorahy et al., 2016), longitudinal research has also helped in understanding the complex relationship between conversion disorder, dissociative and childhood traumatic experiences, however, the lack of longitudinal studies that examine people with a history of childhood trauma over protracted periods of time is a significant gap in the literature. Since most studies have been conducted in Western contexts (Kirmayer et al., 2011), cross-cultural research is necessary to determine the possible influence of cultural and social factors on the link between childhood trauma, dissociation, and CD.

The literature review provided insights into the evaluation, etiology, and therapeutic consequences of the intricate relationship between childhood trauma, dissociation, and conversion disorder, serves as the basis for the next chapters.

RATIONALE OF THE STUDY

The literature review suggests that dissociation and traumatic childhood events are prevalent among conversion disorder patients. However, most of the studies were conducted in Western populations, and there is a lack of research in non-Western populations, such as those in our region. The prevalence of conversion disorder and the role of childhood traumatic experiences and dissociation in its development and maintenance in the population of Peshawar, Pakistan, has not been well studied. Therefore, the present study aimed to examine the relationship between dissociative experiences and traumatic events in childhood among patients with conversion disorder. The need to enhance knowledge of the processes behind conversion disorder served as the foundation for this study. Research on this topic would be valuable for clinicians, researchers, and other healthcare professionals working with patients with conversion disorder. It can help them better understand the complex interplay between traumatic childhood experiences and dissociative experiences among patients of conversion disorder. Findings from this study can also help develop culturally responsive treatment interventions for conversion disorder patients in Peshawar, Pakistan, leading to improved diagnosis and management of the condition and ultimately enhancing the quality of life for affected individuals.

METHOD

Problem Statement

This study aimed to investigate the relationship between dissociative experiences and traumatic childhood events among patients with conversion disorder.

Objective

To find the correlation between dissociative experiences and traumatic childhood experiences amongst patients with conversion disorder.

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Hypothesis

There will be a significant association between dissociative experiences and traumatic childhood experiences amongst patients with conversion disorder.

Operational Definitions of Variables

The term "childhood traumatic experiences" refers to any emotionally upsetting or unpleasant significant unfavorable incidents that occurred during the individual's childhood (before the age of 18). These experiences encompass various forms of unfortunate events and abuse, including physical, sexual, and emotional abuse, as well as neglect, such as emotional and physical neglect (Brown & Fernández, 2011; Felitti et al., 1998).

Dissociative experiences are described as transient and frequently unpleasant changes in a person's identity, memory, perception, sense of self, motor coordination, and behavior. These experiences entail a separation or detachment from one's thoughts, feelings, sensations, or surroundings, which results in a feeling of separation from one's typical sense of self or reality. Dissociative experiences can appear as a variety of phenomena such as amnesia, depersonalization, derealization, and identity modification (American Psychiatric Association, 2013; Spitzer et al., 2006; Brown, 2006).

Conversion Disorder also referred to as Functional Neurological Symptom Disorder, is a mental illness that is characterized by the presence of one or more physical symptoms that are unexplained and cannot be connected to a recognized medical or neurological disorder. These symptoms are thought to be connected to psychological discomfort or unresolved emotional conflicts because they frequently present as sensory or motor problems, such as blindness, paralysis, speech difficulties, or seizures (American Psychiatric Association, 2013; Dahlmann, 2021; Brown et al., 2007).

Sample

A total of 80 participants were recruited for the study, with equal representation of male (n=40) and female (n=40) participants. The study population included patients with conversion disorder, selected from psychiatry wards of Khyber Teaching Hospital (KTH), Lady Reading Hospital (LRH), Hayatabad Medical Complex (HMC), and Shafique Psychiatric Clinic in Peshawar, Pakistan. In a clinical population, the registered number of clinical samples remains unknown. Therefore, a convenient sampling approach due to its practicality and accessibility, was found to be suitable for a clinical population. Hence, it was employed to determine the sample for the present study.

Inclusion criteria

- Patients diagnosed with conversion disorder in Peshawar were selected for this study.
- Their age ranging from 18- 55 years.

Exclusion criteria

- Patients with a history of any other serious psychiatric, neurological, or medical illness.
- Patients whose age was below 18 and above 55 years were not included in the sample.

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Instruments

Demographic sheet

The demographic information sheet was used to gather data on the participant's age, gender, educational background, socioeconomic status, past history of psychiatric treatment, family structure, and religion.

Childhood Trauma Questionnaire (CTQ)

The Childhood Trauma Questionnaire (CTQ) is a 28-item questionnaire developed by Bernstein & Fink, (1998). It comprises of five clinical subscales with five items each to assess the intensity of several forms of childhood trauma: physical neglect, emotional neglect, emotional abuse, sexual abuse, and physical abuse. Additionally, a three-item Minimization/Denial scale on the questionnaire is used to determine whether underreporting of abuse exists. A score of 1 or higher on the Minimization/Denial scale indicates that there has probably been underreporting of abuse. Participants answer each question on a 5-point Likert scale, with scores for each trauma subscale ranging from 5 to 25. Cronbach's alpha values ranging from 0.79 to 0.96 for various subscales in several studies have demonstrated good reliability of the CTQ (D. P. Bernstein et al., 1997).

Dissociative Experiences Scale (DES)

The dissociative experiences scale (DES), created by Bernstein and Putnam in 1986, is a standardized 28-items scale and is frequently used to assess dissociation in clinical settings. The average score across all items determines the overall DES score. The minimum score is 0 and the highest score is 100. Cronbach's alpha values of 0.90 to 0.94 have been recorded for the reliability of DES, showing that it is a reliable tool for evaluating dissociation (Dubester & Braun, 1995).

Procedure

Initially, to improve the comprehension and comfort of participants, in-person conversations were first conducted in their native language. Participants were asked to provide informed consent, after which they were requested to provide their demographic details. Following that, participants were asked to complete these standardized questionnaires: the Dissociative Experiences Scale (DES), and Childhood Trauma Questionnaire (CTQ). These questionnaires were used to assess dissociative experiences, and childhood trauma, respectively. Ethical standards and regulations were strictly followed, and confidentiality and anonymity were ensured for all participants. Finally, the participants were thanked for their cooperation and time.

Ethical Consideration

Informed consent was guaranteed prior to data collection. Their personal information was kept private, and the participants were encouraged to feel at ease and informed regarding confidentiality difficulties. Subjects were allowed to withdraw their participation at any point. Moreover, individuals were informed that their information will only be used for the intended research purpose and that only those who expressed a desire to participate in the study were enabled to do so.

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Data Analysis

The statistical package for social sciences (SPSS) 26th version was used to conduct all analyses after the collection of data. To examine the research variables, bivariate analyses, such as correlation coefficients and an independent sample t-test were used, with the level of significance set at $p < .05$.

RESULTS

Participant Demographics

	f	%
Gender		
Female	40	50
Male	40	50
Age		
18-25	27	33.8
25-35	26	32.4
35-45	16	20
45-55	11	13.8
Education		
Uneducated	21	26.3
Matriculation	22	27.4
FA/FSc	28	35
Bachelors	7	8.8
Masters	2	2.5
Socioeconomic Class		
Lower Class	16	20
Middle Class	64	80
Family Structure		
Joint	32	40
Nuclear	48	60
Religion		
Muslim	80	100

Note: f= frequency; %= percentage

Table 1 displays the summary of participant demographics. The gender distribution included a total of 80 participants. Examination of the data illustrates that half of the sample, constituting 40 individuals, were female, while the other half, comprising 40 individuals, were male. The participants were spread over a range of ages, with the 18 to 25 age group accounting for the largest group (33.8%), followed closely by the 25 to 35 age group (32.4%). The participants' educational backgrounds were diverse, with 35% holding FA/FSc degrees, 27,4% having completed high school, and 26,3% being uneducated. People with bachelor's degrees (8.8%) and master's degrees (2.5%) make up smaller numbers. An examination of

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participants' socioeconomic backgrounds finds that 80% were Middle Class and 20% were from the Lower Class. In terms of family composition, 40% were from joint families and 60% were from nuclear households. The sample as a whole is entirely Muslim, making up the majority of the religious makeup.

Descriptive Statistics of the Scales; CTQ and DES

Scales	M	SD	Skew	Kurtosis	Range	Min-Max
Childhood Trauma Questionnaire (CTQ)	60.92	7.97	-.035	-.63	34	44-78
Dissociative Experiences Scale (DES)	23.12	20.9	0.91	1.61	79	3-82

Note: M=Mean, SD=Standard Deviation

Table 2 demonstrates the descriptive statistics for Childhood Trauma Questionnaire (CTQ) and Dissociative Experiences Scale (DES). The data distribution for the employed scales follows a normal distribution, as indicated by the skewness values, which range from -1 to 1.

Psychometric Properties of the Scales; CTQ, and DES

Scales	No. of items	Coefficient Of alpha
Childhood Trauma Questionnaire (CTQ)	28	.696
Dissociative Experiences Scale (DES)	28	.739

Table 3 shows the study's evaluation of the reliability and internal consistency of constructs using Cronbach's alpha. All of the scales used in the study exhibited good internal consistency and reliability, according to the results of the Cronbach's alpha analysis. Hence, the instrument employed to assess childhood traumatic experiences produced a reliable score (α = 0.696). Additionally, the instrument used to assess dissociative experiences also had a significant degree of reliability (α = 0.739).

Correlation between Experiences of Childhood Trauma and Dissociation

	Childhood Traumatic Experiences	Dissociative Experiences
Childhood Traumatic Experiences	....	.327**
Dissociative Experiences	.327**	....

Note: ** Correlation is significant at the 0.01 level (2-tailed).

Table 4 displays the findings of a Pearson product correlation analysis conducted to examine the association between childhood traumatic experiences and dissociative experiences.

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The findings demonstrate a statistically significant correlation ($r = .327$, $p < 0.05$) between these two variables. As a result, there is significant association between the variables, indicating that as the number of childhood traumatic experiences increases, there is a corresponding increase in dissociative experiences among the study participants. The relationship between these two variables is said to be positive, meaning that changes in one variable will often lead to changes in the other, in this case, in a positive direction.

DISCUSSION

Based on the idea that people with Conversion Disorder may show a strong correlation between their levels of dissociative experiences and their history of traumatic childhood events, Hypothesis 1 was developed. The results of the data analysis provided strong evidence in favor of this hypothesis ($r = .327$, $p < 0.05$). The discovered positive connection between dissociative episodes and childhood traumatic experiences highlights the complex interplay between psychological trauma and the experiences of dissociation in the clinical population of the present study. These results are consistent with prior research, which has consistently pointed to a significant association between early childhood trauma and the emergence of dissociative symptoms (Carlson et al., 2008; Bernstein & Putnam, 1986). The findings of a clinical investigation by Carlson et al., (2008) also found a link between exposure to childhood trauma and dissociative symptoms. Similar to how Bernstein & Putnam, (1986) provided historical background for further investigation of this association, they emphasized the importance of early traumatic events in the emergence of dissociative disorders. Several mechanisms may underlie this association. First, childhood trauma may hamper the normal development of coping skills and emotional control, whether it takes the form of physical, emotional, or sexual abuse. Dissociation may develop as a protective mechanism against extreme stress, enabling people to separate painful memories and feelings (Dalenberg et al., 2012). Thus, dissociation may be a more common coping mechanism for people who suffered childhood trauma. Second, abnormalities in the neural pathways in charge of processing emotions and self-awareness may be responsible for the association between childhood trauma and dissociation. Neuroimaging studies have shown structural and functional alterations in brain areas connected to dissociation and exposure to trauma (Lanius et al., 2010; Reinders et al., 2019). These brain alterations might have a role in the development of dissociative symptoms in those who have experienced traumatic events as children. Additionally, childhood trauma might influence the emergence of complex post-traumatic stress disorder (C-PTSD), which frequently possesses pronounced dissociative symptoms (van der Kolk et al., 2005). Dissociation can help one get away from the intense emotional and sensory sensations linked to trauma in such a situation.

Clinical practice will be significantly impacted by the demonstrated link between dissociative experiences and traumatic childhood events in individuals with conversion disorder. When evaluating and developing treatment plans for people with conversion disorder, clinicians should take the possible effects of early trauma into account. It is necessary to first recognize dissociative symptoms as sequelae of childhood trauma. Treatment plans may be influenced by

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screening for a history of trauma and evaluating dissociative experiences. When dissociation is associated with unresolved traumatic experiences, therapeutic approaches centered on addressing trauma, such as Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive-Behavioral Therapy (CBT) may be recommended (Cloitre et al., 2012; Shapiro, 2017). Second, knowing how dissociation and childhood trauma are related might help in selecting the right therapy approach. As they investigate the underlying dynamics of trauma-related dissociation and work to support the integration and resolution of traumatic events, psychodynamic and trauma-informed treatments may be particularly pertinent (Spiegel et al., 2013).

CONCLUSION

The results provided profound insights into the intricate interactions between childhood trauma, dissociation, and gender inequities. First, among Conversion Disorder patients, a statistically significant correlation between dissociative experiences and traumatic childhood events was found, highlighting the importance of trauma in the expression of the disorder.

Results of the study have several inferences that are important in both clinical practice and the larger area of mental health research. Firstly, the results highlight the critical need for trauma-informed care in the diagnosis and management of conversion disorder. Understanding the incidence and effects of traumatic childhood events in patients is essential for designing therapies that meet their specific needs, and ultimately promote more successful therapeutic results.

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