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GENDER DIFFERENCES IN DISSOCIATIVE EXPERIENCES AND CHILDHOOD TRAUMATIC EXPERIENCES

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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. There were gender disparities, with female patients reporting higher degrees of dissociative and traumatic childhood experiences than male patients.

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 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 (Freud, 1895).

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 (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).

The considerable gender discrepancy in Conversion Disorder is one striking aspect that has drawn the attention of medical professionals and researchers. The disorder can affect people of either gender; however, studies consistently show that females are more likely to develop conversion disorder than males, with female-to-male ratios ranging from 2:1 to 10:1 (Ali et al., 2015). In research conducted by Roelofs et al. (2002) in the Netherlands, it was discovered that 74 of the 100 patients diagnosed with conversion disorder were female. Similarly, another study conducted in the United States also included 78 patients suffering from conversion disorder, 61 of whom were female (Stone et al., 2004).

Conversion symptoms may be a way for people to communicate underlying emotional pain, particularly in women, according to psychodynamic theories like those based on Freudian theory (Freud, 1895). According to this perspective, women may be more likely than men to experience and express psychological difficulties as bodily symptoms. Additionally, cognitive-behavioral theories have proposed that socioeconomic and cultural elements may be involved in the gender disparities of symptom manifestation (Brown & Fernández, 2011). A retrospective investigation by Hingray et al. (2022) which included 160 patients with Conversion Disorder, discovered that females were more likely to demonstrate motor and sensory symptoms whereas men more commonly presented non-epileptic seizures. These results imply that gender could affect both the chance of having Conversion Disorder and its particular symptomatology.

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).

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). The concept of childhood trauma has received a lot of attention in 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).

Dissociation is a disturbance or discontinuity in the normal functioning of memory, consciousness, bodily representation, emotion, perception, identity, behavior, and motor control (American Psychiatric Association, 2013). Dissociation can manifest in a variety of unusual ways, including dissociative amnesia, absorption, identity alteration, derealization, and depersonalization (Spitzer et al., 2006; Brown, 2006).

Understanding the complex presentation of Conversion Disorder requires a thorough investigation of gender as an important factor in dissociative experiences. While dissociation is a complex phenomenon itself, gender-related factors may have an impact on its severity and manifestation. According to a comprehensive study by Stein et al. (2013), women were more likely than males to report dissociative symptoms, especially those associated with depersonalization and derealization. These results are consistent with a prior investigation by Johnson et al. (2006) which found that in non-clinical groups, women showed higher levels of dissociation than males.

Research has additionally concentrated on how trauma, gender, and dissociation interact. According to Bremner et al. (1993), women who had experienced trauma had a greater propensity to have dissociative symptoms. Similar to this, Spiegel et al. (2013) looked at the effects of childhood sexual abuse and discovered that those

women who had gone through the trauma had higher degrees of dissociation. Previous studies, like that of Dar & Hasan (2018) and Baker et al. (2019), have also revealed that gender may affect how conversion symptoms manifest, with women more commonly describing dissociative symptoms. Despite the greatest attempts to examine and explain gender differences in dissociative experiences in both clinical and non-clinical populations, some studies did not find any difference in the dissociative experiences across genders, which contradicts the disparity (Spitzer et al., 2003).

Since numerous studies revealed the role of varying gender in dissociative experiences and traumatic childhood experiences (Dar & Hasan, 2018; Baker et al., 2019; Spitzer et al., 2003), the present study also aimed to investigate the gender differences in dissociative and childhood traumatic experiences in the clinical population of Peshawar, Pakistan.

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 the region, Peshawar. Since numerous studies revealed the role of varying gender in dissociative experiences and traumatic childhood experiences (Dar & Hasan, 2018; Baker et al. 2019; Spitzer et al., 2003), the present study also aimed to investigate the gender differences in dissociative and childhood traumatic experiences in the clinical population of Peshawar, Pakistan. Research on this topic would be valuable for clinicians, researchers, and other healthcare professionals working with patients with conversion disorder.

METHOD

Problem Statement

This study aimed to investigate potential gender differences in childhood traumatic and dissociative experiences among individuals who had already been diagnosed with conversion disorder in clinical settings in Peshawar, Pakistan.

Objectives

1. To investigate the gender differences in dissociative experiences among patients with conversion disorder.
2. To find the gender differences in childhood traumatic experiences among patients with conversion disorder.

Hypotheses

2. Female patients with conversion disorder will report higher levels of dissociative experiences than male patients.
3. There will be significant gender differences in childhood traumatic experiences among patients with conversion disorder.

Operational Definitions

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 (American Psychiatric Association, 2013; Spitzer et al., 2006; Brown, 2006).

Gender disparities in the current study refer to variations in traumatic childhood experiences and degrees of dissociative experiences among individuals who self-identify as male and female diagnosed with conversion disorder in Peshawar, Pakistan.

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.

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. Participants answer each question on a 5-point Likert scale, with scores for each trauma subscale ranging from 5 to 25.

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.

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.

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	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.

Gender Differences in Dissociative Experiences

Variables	Female (n=40) M	Female SD	Male (n=40) M	Male SD	t(78)	P	Cohen's d
Dissociative Experiences	34.70	22.40	15.67	11.79	4.75	.000	1.06

Note: SD= standard deviation, M= mean; P= probability

Table 5 demonstrate the differences in the mean scores of dissociative experiences in the two groups, males (n=40) and females (n=40). To assess the differences between these two groups, an independent t-test was performed. The findings showed a significant difference between them ($t(78)= 4.75$, $p < 0.05$). In terms of dissociative experiences, the female participants (M=34.70, SD=22.40) had higher mean scores than the male participants (M=15.67, SD=11.79). A significant impact is indicated by a Cohen's d effect size of 1.06 indicating large effect size. As a result, it may be inferred from these results that females showed noticeably higher degrees of

dissociative experiences than their male counterparts.

Gender Differences in Childhood Traumatic Experiences

Variables	Male (n=40) M	Male SD	Female (n=40) M	Female SD	t(78)	P	Cohen's d
Childhood Traumatic Experiences	55.57	6.29	66.27	5.53	8.074	.000	1.80

Note: SD= standard deviation, M= mean; P= probability

Table 6 shows statistically significant difference between the male (n=40) and female (n=40) participants on childhood traumatic experience, using independent sample t-test. While female participants had a significantly higher mean score of (M=66.27, SD=5.53) on average, male participants reported a mean score of (M=55.57, SD=6.29). The value of t-statistic produced a significant t-value ($t(78)=8.074$, $p < 0.05$) and showed substantially significant differences between the two groups. The extent of the identified gender-based differential in traumatic childhood events was further highlighted by the effect size, as calculated by Cohen's d, which was large at 1.80.

DISCUSSION

The second hypothesis of the study proposed that female patients with Conversion Disorder will have more dissociative experiences than male patients. The findings of the study explicitly confirmed this hypothesis, indicating significant gender inequalities in dissociative experiences. More specifically, the mean scores of male patients (M = 15.67, SD = 11.79) were considerably lower than the mean score of female patients (M = 34.70, SD = 22.40). These results are consistent with previous studies that highlighted gender differences in dissociation. According to Stein et al., (2013) women frequently have higher degrees of dissociative symptoms, notably depersonalization and derealization than male. This consistency across research highlights the strength of the reported gender differences in dissociative experiences. Johnson et al., (2006) also proposed that gender differences in dissociation may be driven by sociological and cultural variables. These variables may also contribute to the increased degrees of dissociative experiences reported by female participants in the present study. The complexity and diverse nature of gender differences in mental health problems, including dissociation, necessitates an integrated perspective considering biological, psychological, social, and cultural aspects (Spitzer et al., 2003).

Variations in dissociative experiences between women and men may be partly explained by these biological and neurological variations. According to research, hormonal changes, such as those that transpire throughout the menstrual cycle and menopause, may have an impact on the symptoms of dissociation (Reinders et al., 2019). Additionally, changes in the sensation of dissociation may be influenced by variations in brain structure and function (Lanius et al., 2010). These neurological elements lay the groundwork for comprehending the gender disparities that have been identified in this study. In addition to the biological perspective, sociocultural variables have a significant impact on how gender variations in dissociation experiences are shaped. Social and cultural standards may have an impact on how people express and disclose psychological suffering. Women are often socialized to be more sensitive to and expressive of their emotions, which may make them more inclined to recognize and talk about their dissociative experiences (Kirmayer et al., 2011). Moreover, differential trauma exposure may also be related to the gender discrepancy in dissociative episodes. According to studies, women are more prone to suffer from particular traumas such as sexual assault, which is closely linked to dissociative experiences (Stein et al., 2013). Thus, female patients with conversion disorder may have a

higher prevalence of dissociation due to their heightened susceptibility to specific trauma types. Gender differences in dissociation experiences must be acknowledged and understood in order to customize evaluation and treatment methods. Results of this study highlight the value of assessing conversion disorder patients using gender-sensitive methods. Clinicians should be aware of any gender-related possible differences in symptom presentation to ensure thorough and individualized therapy.

The third hypothesis stated that individuals with conversion disorder will have significant gender differences in their traumatic childhood experiences. The hypothesis was supported by the current findings of the study, which showed significant gender differences in the reported events that were traumatic in childhood. Particularly, the mean scores for female patients were substantially higher than those for male patients (M = 66.27, SD = 5.53; M = 55.57, SD = 6.29). The results are in line with earlier studies that found differences between genders in the incidence and consequences of traumatic childhood events. According to several studies (Kessler et al., 2010; Tjaden & Thoennes, 2000), women are more prone than men to suffer from particular forms of trauma, such as sexual abuse and intimate partner violence. The gender inequalities found in this research may be attributed to women's increased susceptibility to some stressful situations. It's possible that biological and neurobiological variables have a role in some of the gender differences in traumatic childhood events. According to certain theories, hormonal variations between men and women may affect how people experience and react to stressful situations (Bremner et al., 1993). The biological reaction to stress and trauma may differ, and the observed discrepancies may be influenced by gender-related hormone variances.

Beyond genetics, social variables also have a significant impact on how gender variations in traumatic childhood experiences are shaped. Gender-specific responsibilities and behaviors are frequently determined by societal norms and expectations, which might affect how exposed a person is to certain traumatic situations. Women may suffer more traumatic events at greater rates due to gender-based violence and discrimination, for instance (Koenen et al., 2017). In contrast, males may be less likely to disclose traumatic situations as a result of social demands to uphold traditional masculine ideals (O'Neil, 2008). Conversion Disorder evaluation and treatment procedures must be tailored to account for gender differences in early traumatic events. The present findings highlight the need for gender-sensitive assessments, reflecting the diverse ways trauma affects patients of both genders.

Furthermore, these gender differences demand additional research into the elements that influence distinct trauma exposure and responses. Future studies ought to investigate the complex interactions between biological, psychological, and societal variables that contribute to these differences.

CONCLUSION

The results provided profound insights into the intricate interactions between childhood trauma, dissociation, and gender inequities. Second, there were gender differences, with female patients reporting more dissociative episodes and traumatic childhood events than their male counterparts.

Results of the study have several inferences that are important in both clinical practice and the larger area of mental health research. Secondly, the study's discussion of gender differences in dissociation and traumatic childhood events within this therapeutic setting emphasizes the significance of utilizing gender-sensitive methods for diagnosis and therapy. Recognizing these differences can result in therapies that are more individualized and successful, raising the standard of care given to individuals with conversion disorder.

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