SHORT COMMUNICATION

LEVEL OF FRUSTRATION TOLERANCE AND COPING STRATEGIES USED BY WOMEN WITH CONVERSION DISORDER VS THOSE WITH GENERAL MEDICAL CONDITIONS

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ABSTRACT

OBJECTIVE
To compare women diagnosed with conversion disorder with women having general medical conditions (GMCs) on level of frustration tolerance and types of coping strategies.

STUDY DESIGN
Cross sectional study.

PLACE OF DURATION OF STUDY
The study was conducted in the Psychiatry units of Government teaching hospitals of Lahore from April to August, 2013.

SUBJECTS AND METHOD
Fifty women (25 having conversion disorder & 25 having GMCs). The assessment measures included Level of Frustration scale and Coping Strategies Questionnaire.

RESULTS
Women with conversion disorder had significantly lower level of frustration tolerance than women with GMCs. Women with conversion disorder used more avoidance focused coping strategies than women with GMCs who used more active distractive and active practical coping strategies. A significant relationship was found between low level of frustration tolerance and avoidance focused coping.

CONCLUSION
Research findings have implications for therapeutic plan formulations regarding stress management for women with conversion disorder.

KEY WORDS
Frustration tolerance, Coping strategies, Conversion disorder.

INTRODUCTION

Conversion disorder is related with factors like environmental, socio-cultural and family related stresses and it occurs mostly after inability to effectively cope with stressful events or psychological stressors.[1,2] Women prefer to express their emotional stress in the form of physical symptoms; this brings them more attention and gains.[3] Low frustration tolerance means that one reacts to the events without thinking of the hurdles in the route of wanted object and urges for instant gratification.[4]

Coping is defined as constantly changing efforts on behavioral and cognitive level to manage some internal or external strains that are appraised as demanding or beyond the person's resources.[5] Coping strategies are of various types but most significant are avoidance-oriented, emotion-oriented, and task-oriented (problem focused). Avoidance-oriented coping may be the initial expected reaction but ends with problems in adjustment.[6] However, in the long run, problem focused coping is proved to be the most adaptive.[7] Emotion-focused coping like estrangement is more related with bodily symptoms and distress.[8] Patients with conversion disorder cope with stress and frustrations through bodily symptoms as they are either not ready or are not able to recognize the feelings or emotions as well as the problems in interpersonal scenarios.[9] The conversion symptoms in some cases could be a result of inappropriate coping with the emotional stress and are therefore a cry for help.[10] Present study is designed to investigate the relationship between level of frustration tolerance and type of coping used by the women with conversion disorder as compared with women having general medical conditions. Objectives of the were as follows;

- To examine level of frustration tolerance and the type of coping strategies used by women with conversion disorder.
- To study the relationship between level of frustration tolerance and coping strategies in patients of conversion disorder and general medical conditions.
- To find out the predictive role of frustration tolerance and coping strategies in predicting conversion disorder in women.

METHOD

Participants

Sample consisted of total 50 women, 25 women with conversion disorder and 25 women with GMCs. The two groups were matched on age, marital status, and socio-economic status. The participants were early adults with age between the range of 18-30 years (M = 23.14; SD = 4.92), unmarried and belonged to lower and lower-middle socio-economic status. Participants with conversion disorder presented primarily with sensory symptoms and seizure/ convulsion like fits. Participants with GMCs had minor conditions such as sore throat, cough, fever, minor pains like

headaches etc.

Consultant psychiatrists and clinical psychologists working at different government hospitals of Lahore confirmed the diagnosis of conversion disorder in women participants and then referred the participant to researchers for data collection.
Participants with conversion disorder, who had co-morbid organic illness or any other psychiatric illness, were excluded from the study. For participants with GMCs, the presence of current or past history of drug dependence or history of psychiatric illness made the exclusion criteria.

Measures

Symptom Checklist-R.[11]
Symptom check list revised was used to assess the degree of frustration tolerance. It has 148 items with six subscales corresponding to common psychological symptoms. For the present study, one of the scales: Low Frustration Tolerance (items 24) was used. Participants were required to provide score on a likert type scale of 0-3. High scores indicated low level of frustration tolerance. Alpha measure for internal consistency of level of frustration tolerance subscale for the present study came out to be 0.91.

Coping Strategies Questionnaire.[12]
It is an indigenous tool based on Lazarus model. It consists of 62 items. Participant gives score on a four point Likert type scale where 1 means "not at all" and 4 means "to greater extent". The questionnaire measures four types of coping strategies: avoidance focused coping (24 items), religious focused coping (13 items), active practical coping (16 items), and active distractive coping (9 items). In present study, the value of cronbach's alpha reliability for the Coping Strategies Questionnaire was 0.81. In addition, the alpha reliabilities for avoidance focused, religious focused coping active practical, and active distractive subscales were 0.58, 0.87, 0.86, and 0.56, respectively.

Procedure

Departmental Doctoral committee of Centre for Clinical Psychology approved this research project. The data for conversion and GMCs patients was taken from both indoor and outdoor units of the three government hospitals of Lahore, Pakistan: Punjab Institute of Mental Health, Services hospital, and Jinnah hospital. Individual administration of the questionnaires was done. Researchers ensured ethical considerations and sought formal permission from concerned authorities of hospitals before data collection. Confidentiality was assured and informed written consent was taken from each participant. They were also informed of their right to withdraw their participation at any time during research.

RESULTS

The mean age of sample was 23.14 years (SD = 4.92). Mean age of women diagnosed with conversion disorder being M = 24.44 (SD =5.71) and with GMCs being M = 21.84 (SD = 3.70). Most women with conversion disorder were educated up to middle (36%) followed by matriculation (24%). However, women with GMCs were mostly illiterate (28%).

Table 1
Independent Sample t-test Showing Differences between Women with Conversion Disorder and GMC's on Study Variables

Variables	CD		GMC			95% CI		Cohen's
	M	*SD*	*M*	*SD*	*t*	*LL*	*UL*	*d*
LFT Coping	5.08	1.10	2.35	.94	- 9.42**	3.30	2.14	2.72
Active Practical	5.89	.84	7.62	.91	7.02**	1.24	2.23	2.03
Active Distractive	5.18	.96	6.17	.84	3.91**	.48	1.51	1.13
Avoidance Focused	6.96	.68	6.23	.47	- 4.46**	1.07	-.40	-1.29
Religious Focused	5.79	1.43	7.13	1.00	3.84**	.64	2.04	1.11

*Note. CD=conversion disorder; GMC=general medical condition; LFT=level of frustration tolerance; LL=lower limit; UL= upper limit; CI= confidence interval; df = 48 **p< .001*

Results from table 1 reflect that women with conversion disorder significantly differed in their level of frustration tolerance and use of coping strategies from women with GMC's. Level of frustration tolerance was found to be lower among women with conversion as compared with women with GMCs. They used more avoidance focused coping than those with GMCs. However, active practical coping, active distractive coping, and religious focused coping strategies were used more by women with GMCs than those with conversion disorder.

The level of frustration tolerance had significant positive relationship with avoidance focused coping strategy and significant negative relationship with active practical, active distractive and religious focused coping strategies (see table 2).

Table 3 shows that the overall model strongly predicted the outcome of conversion disorder in women participants, (R2 = .66, 2(5) = 54.30, p < .01). 66.2% of the variance was accounted for by coping strategies and level of frustration tolerance. However, level of frustration tolerance emerged as the only significant predictor of conversion disorder. As low level of frustration tolerance increased in women with conversion disorders, the likelihood of them having conversion symptoms also increased.

Table 2
Pearson Product Moment Correlation Coefficient between Coping Strategies and Level of Frustration Tolerance (N=50)

S No.	Variable	*1*	*2*	*3*	*4*	*5*	*M*	*SD*
1.	Active practical coping	----					6.75	9.85
2.	Active distractive coping	.61***	---				5.68	1.02
3.	Avoidance focused coping	-.37**	-.15	---			6.60	.69
4.	Religious focused coping	.70***	.34*	-.22	---		6.46	1.40
5.	Level of frustration tolerance	-.58***	-.35*	.49***	-.51***	---	3.71	1.71

*Note: *p<.05, **p<.01, ***p<.001 (2-tailed)*

Table 3
Binary Logistic Regression Analysis Predicting Conversion Disorder a from Coping Strategies and Level of Frustration Tolerance

Predictors	*B*	*S.E*	*Wald*	*OR*	95% CI	
					LL	*UL*
Active practical coping	- 2.38	1.67	2.04	.09	.003	2.42
Active distractive coping	- .12	1.05	.01	.89	.113	7.01
Avoidance focused coping	1.34	1.07	1.07	3.83	.30	49.15
Religious focused coping	.72	.87	.68	2.06	.37	11.42
Level of frustration tolerance	1.32	.50	6 .93*	3.77	1.40	10.42
Model χ^2 (*df*)	54.30**(5)					
Cox and Snell R^2	.662					

Note:N = 50; a Coding for conversion disorder (0 = no, 1 = yes) ; S.E =standard error; OR = odd ratio; CI = confidence interval; LL = lower limit; UL = upper limit; df = degree of freedom
**p = .008; **p < .001*

DISCUSSION

Low frustration tolerance was seen in conversion disorder females. Consistent with present study's findings; previous empirical studies also validated the presence of frustration intolerance in individuals with emotional problems and somatic complaints.[13, 14] People with somatoform disorder are mostly described as frustrated with unfulfilled emotional needs[10] and that frustration can lead to disturbance through a viscous cycle. If people are intolerant for their desires, they may deny the reality resulting in a self-talk process which might lead to reactions like emotional and psychological problems.[4]

Another finding specifying avoidance as the dominant coping strategy by women with conversion disorder also has adequate empirical support.[15] Moreover, patients with abridged somatoform use more emotion-focused coping strategies largely avoidance focused like problem avoidance and detachment.[16] Escapism and avoidance strategies for dealing with stress predominate in individuals having emotional distress and deprived mental health[17,18] Another finding suggested that as low level of frustration tolerance increased in participants (of both groups combined), so was the use of avoidance focused coping. This result is also compatible with the conclusion drawn by researchers that low frustration tolerance can increase the level of stress with increased use of maladaptive methods of coping.[19] The current findings depicted that low level of frustration tolerance and active distractive coping strategies are negatively correlated. Last finding uncovered the independent crucial role of frustration tolerance and coping strategies in predicting conversion disorder in women. Results depicted that only level of frustration tolerance was the strong predictor whereas none of the coping strategies were able to predict conversion disorder in women with conversion disorder. Though no prior research has identified the role of frustration tolerance as a predictor of the development of conversion disorder; several empirical findings have demonstrated the relationship between the two variables.[20,21]

CONCLUSION

In a nutshell, women suffering from conversion symptoms had lower level of frustration tolerance and made greater use of avoidance focused coping strategies than those with GMCs. Low level of frustration tolerance correlated positively with avoidance focused coping strategy, whereas, the same variable correlated negatively with active distractive coping strategies. Moreover, only frustration tolerance predicted the onset of conversion disorder in participants. The combined role of level of frustration tolerance and coping strategies in the onset of conversion disorder in women can help mental health practitioners devise proper management plan for them. This implies that family intervention in the form of education should be a part of management and can also be implemented as secondary prevention measure.

SUGGESTIONS

In future, this study could be replicated with large sample size to increase generalizability of results. Further studies could be planned out determining differences in frustration tolerance and coping strategies among conversion disorder patients with different types and symptomatology.

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