

Self-protective organization in children with conversion and somatoform disorders

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Abstract

Objective: Two centuries of clinical observations have suggested that conversion symptoms are associated with strong emotions or situations that threaten the individual's physical or psychological integrity. This study tested the hypothesis that childhood conversion reactions reflect the motor-sensory components of two distinct emotional responses (one inhibitory, one excitatory) that develop as adaptations to recurring threats within intimate relationships. **Method:** Emotional responses to interpersonal threats were assessed in 28 children with conversion disorders using Dynamic-Maturational-Model (DMM) assessments of attachment. Attachment strategies (the inhibitory, Type A; the balanced, Type B; and the excitatory, Type C) provide information about (1) the child's behavioural (motor-sensory) organization in the face of interpersonal threats, and (2) the information processing that

underpins this behavioural organization. **Results:** Twelve children (43%) used an inhibitory attachment strategy. Twelve (43%) used an excitatory attachment strategy. A smaller group (14%) alternated between inhibitory and excitatory strategies, their conversion symptoms reflecting the latter. **Discussion:** These data suggest that conversion reactions are not a single clinical entity and reflect the motor-sensory components of two distinct human emotional responses to threat. This distinction may help to account for the broad range of conversion symptoms seen in clinical practice, both those that involve loss of function and can be explained by a central inhibition hypothesis and those that involve positive symptoms and secondary gain.

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Introduction

Two centuries of clinical observations have suggested that conversion symptoms are associated with strong emotions or situations that threaten the individual's physical or psychological integrity [1]. Concurring with these observations, many contemporary theories of conversion disorder conceptualize conversion symptoms as part of the individuals'

emotional response to threat, reflecting either (a) the implicit processing of information resulting in an automatic motor-sensory response or (b) errors related to how information about body state is processed or represented within the brain [1]. A variety of methodologies—each focusing on a different level of the mind–body system—have been used to analyze human emotional responses to threat [2–9]. One recently developed method for assessing self-protective emotional responses derives from the dynamic-maturational theory of attachment (DMM), a theory about human emotional development across the lifespan [10,11].

Within the DMM conceptual framework, definable patterns of emotional response are known as “attachment” or “self-protective” strategies. These have two key compo-

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Text Box 1

Patterns of Attachment in a Nutshell

Type B attachment

- Parents respond in predictable and comforting ways to children's signals of distress. When the child is upset, she communicates and signals her distress to the attachment figure and obtains protection and comfort.
- Children in this group signal both positive and negative body states in an open and direct way. The parents both name these body states and help the child manage them. Over time, the child is able to identify and think about body sensations (feelings) using complex language. She is able to manage mild negative arousal on her own and uses the self-protective strategy of direct signaling and communication to seek help in managing body states that are more extreme.
- The signals and behavioral response of the child are appropriate to the degree of her distress and pain, as is the parents' response. Her words accurately reflect her emotional experience.
- In this way, through her interactions with her attachment figures, the child learns to regulate pain and other positive and negative emotions. Regulation means that the child can identify and experience her emotional states and has skills in shifting out of that state without cutting it off (inhibition) or exaggerating it.
- In terms of information processing, information about temporal order and affect is balanced.

Type A attachment

- Parents predictably fail to respond to children's negative affective displays. They can do this in three different ways: (1) they fail to respond to unnecessary displays of negative affect (e.g., when the child is upset but not actually injured in any way); (2) they predictably withdraw from the child when she is in distress or in pain; or (3) they predictably respond to the child's discomfort, pain, or failures (relative to parental expectations) with displeasure or anger.
- Child will implicitly learn to inhibit both verbal and nonverbal signals of distress because they serve no useful function in obtaining comfort and protection. Instead, the child concomitantly displays parent-pleasing facial expressions and behaviors. The former function to minimize parental withdrawal and hostility, and the latter function to elicit adult attention and approval.
- These children do not have the experience of adults seeing and accepting their emotional experience and then putting it into words. Consequently, when they are older, these children do not have a good language for pain or other negative emotions. When threatened they attempt to manage the situation by increased motor-sensory and cognitive 'inhibition': they inhibit body signals of distress, put subjective awareness of negative feelings out of mind and act in ways that please their parents, thus minimizing parental displeasure or anger. In essence, these children silence their bodies.
- Children using the higher-subscript Type A strategies (Type A3-6, or Type A+) attempt to manage more severe dangers by *increasing* motor-sensory and cognitive inhibition.

- In information-processing terms, information about temporal order is privileged, and information about negative emotions is disregarded. In their attachment interviews, these children take responsibility for difficulties within their attachment relationships.

Type C attachment

- Parents are predictably unpredictable. Sometimes they respond, and sometimes they do not respond, to the child's distress and pain.
- Children are unable to manage these changing contingencies until about 18 months of age, when innate appeasement (coy) behaviors come online (Eibl-Eibesfeldt 1979; Crittenden 1995). The coy behavioral repertoire involves body signals which communicate helplessness and desire for comfort: an averted gaze, an open mouth with covered teeth, an unprotected neck, and a protruded abdomen. Their function is both to disarm adult aggression and to elicit comfort and protection. The type C strategy involves the child signaling alternating displays of exaggerated negative affect when distressed (fear, anger and desire for comfort [coy]). This behavior is strategic because it manipulates the behavior of unpredictable parents and generates a caregiving response.
- When the child is distressed, what is displayed by the child on the outside does not match the actual level of anger, fear or pain. As a consequence, these children do not have the experience of adults labeling their emotional experience accurately using language. When they are older, these children do not have an accurate language for emotions.
- In the high-subscript Type C strategies (Type C3-6, or Type C+), as the level of perceived threat increases, so will the child's efforts to display affective and motor-sensory signals. Exaggerated displays of negative affect can include signals of pain, illness and impairment.
- In terms of information processing, information about negative emotions is privileged, and information about temporal order is disregarded (the unpredictable behavior of attachment figures does not allow children to use temporal information to organize their behavior). In their attachment interviews, these children blame others for difficulties within their attachment relationships.

Crittenden, P. M. (1995). "Attachment and risk for psychopathology: the early years." *J Dev Behav Pediatr* 16(3 Suppl): S12-6.

Eibl-Eibesfeldt, I. (1979). "Human Ethology: Concepts and implications for the sciences of man." *Behavioral and Brain Sciences* 2: 1-57.

nents. On a *behavioral level of analysis*, they refer to the child's emotional/behavioral organization in the face of specific threats by caregivers or significant others. Accordingly, the attachment behaviors seen in children who feel threatened subsume (a) innate, genetically determined patterns of motor-sensory defense responses; (b) the priming and fine-tuning of these patterns through repeated interactions with caregivers; and (c) learned patterns of behavior [12]. On an *information-processing level of analysis*, attachment strategies refer to the implicit and explicit

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