A CLINICAL STUDY OF HYSTERIA IN CHILDREN AND ADOLESCENTS

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The concept of hysteria has been extensively written about in the adult literature. Attention has been paid to defining terminology and constructing an operational definition by which proper clinical studies can proceed and evidence has been reported to support a distinction between hysterical personality and hysterical conversion reaction (Chodoff and Lyons, 1958; Guze, 1967). Studies on childhood populations are sparse by comparison and have suffered from a lack of clarity over definition of what constitutes a conversion reaction. Rock (1971) in a study of ten cases of conversion hysteria provides criteria for diagnosis. He requires a prominent somatic symptom (motor or sensory) with no apparent anatomical or physiological basis, onset or exacerbation with an emotionally significant event and that psychiatric examination reveals that the symptom is psychologically or emotionally derived and serves an unconscious need.

Most studies suggest that the age of inception is unlikely to be before five years (Goodyer, 1981).

Marfatia (1971) reports that hysteria, though rare in early childhood, is not uncommon in older children between 10-15 yrs. In an analysis of the records of a child guidance clinic for the years 1972 and 1973, Lal et al. (1976) reported conversions in 5% of the clinic sample from Lucknow. Unlike other disorders conversion reaction was common in females, thereby substantiating their belief that conversion reaction is not only more common in adult females but also in female children. In a survey of 109 families, Lal and Sethi (1977) found that 55% of families had one or more sick children up to the age of 12 years. Neurotic disorders were observed in 11.0% of total sample. Manchanda and Manchanda (1978) observed that hysteria formed the commonest diagnostic group (71.4%) in their sample of 49 neurotic children drawn from the Pediatric department and Child Guidance Clinic of Psychiatry department. The studies reported in Indian literature have focussed more on prevalence and related social factors rather than the clinical presentations of hysteria in children. The present study was undertaken with the following aims:

1. To study the clinical picture of hysteria in children and adolescents;
2. To study psychiatric morbidity among the parents of these children.

MATERIAL AND METHODS

The subjects for this study were drawn from the new registrations in the child and adolescent psychiatry unit of the Department of Psychiatry, K.G.'s Medical College, Lucknow. All patients diagnosed as cases of hysteria by the Child Psychiatrist during a period of four months (1.4.81 to 31.7.81) formed the sample of present study. During this period 210 cases attended OPD, out of which 26 cases were given a diagnosis of hysteria, on the basis of criteria laid down by ICD-9.

To elicit the clinical presentation of the patient, a detailed history was recorded from the parents, patient and other inform-
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Interviews of the patient were conducted separately as well as together with the parents. The information was recorded on a semi-structured proforma. A thorough physical examination was conducted in each case and the findings were recorded.

### Socio-Demographic Variables and Family Background

| Trait                        | Boys (N=9) | Girls (N=17) | Total (N=26) |
|------------------------------|------------|--------------|--------------|
|                             | N | %  | N | %  | N | %  |
| Age                         | 10.88 | 13.47 | 12.6 |
| Domicile                    |     |     |    |     |    |     |
| Rural                       | 3 | 33.3 | 1 | 5.9 | 4 | 15.4 |
| Urban                       | 6 | 66.7 | 16 | 94.1 | 22 | 84.6 |
| Education                   |     |     |    |     |    |     |
| Up to V                     | 1 | 11.1 | 2 | 11.8 | 3 | 11.5 |
| V to IX                     | 7 | 77.8 | 7 | 41.2 | 14 | 53.9 |
| High school                 |     |     |    |     |    |     |
| Illiterate                  | 1 | 11.1 | 4 | 23.5 | 5 | 19.2 |

| Religion                    |     |     |    |     |    |     |
| Hindu                       | 7 | 77.8 | 9 | 52.9 | 16 | 61.5 |
| Muslim                      | 2 | 22.2 | 8 | 47.1 | 10 | 38.5 |

| Economic status of the parents (Rs. per month) |
|-----------------------------------------------|
| Less than 250                                | 1 | 11.1 | 2 | 11.8 | 3 | 11.5 |
| 251-550                                      | 6 | 66.7 | 10 | 58.8 | 16 | 61.5 |
| 501-700                                      | 1 | 11.1 |     | 1 | 3.9 |
| 751-1,000                                    | 1 | 11.1 | 3 | 17.6 | 4 | 15.4 |
| 1,001 & above                                | 2 | 11.8 | 2 | 7.7 |

| Type of family |
|----------------|
| Unitary        | 8 | 88.9 | 15 | 88.3 | 23 | 88.5 |
| Joint          | 1 | 11.1 | 2 | 11.7 | 3 | 11.5 |

### Reference of Neurotic Traits prior to the onset of illness

| Traits                  | Boys (N=9) | Girls (N=17) | Total (N=26) |
|-------------------------|------------|--------------|--------------|
|                         | N | %   | N | %   | N | %  |
| 1. Extremely shy        | 2 | 22.2 |     |     | 2 | 7.7 |
| 2. Oversensitive        |     |     | 3 | 17.6 | 3 | 11.5 |
| 3. Temper tantrums      | 1 | 11.1 | 1 | 5.9  | 2 | 7.7 |
| 4. Enuresis             | 2 | 22.2 | 1 | 5.9  | 3 | 11.5 |
| 5. Nail biting          | 2 | 22.2 | 2 | 11.8 | 4 | 15.4 |
| 6. Thumb sucking        | 1 | 11.1 | 2 | 11.8 | 3 | 11.5 |
| 7. Sleep walking        | 1 | 11.1 |     |     | 1 | 3.9 |

Total patients = 26
Neurotic traits present = 18 (Boys—9, Girls—9).

### Duration of Symptoms

| Duration                  | Boys (N=9) | Girls (N=17) | Total (N=26) |
|---------------------------|------------|--------------|--------------|
|                           | N | %  | N | %  | N | %  |
| Up to one month           | 2 | 22.2 | 7 | 41.2 | 9 | 34.6 |
| 1 month to 3 months       | 1 | 11.1 | 9 | 2.9  | 10 | 38.5 |
| 3 months to 1 year        | 4 | 44.5 |     |     | 4 | 15.4 |
| More than one year        | 2 | 22.2 | 5 | 5.9  | 3 | 11.5 |

### Factors alleged to have precipitated the Hysterical Symptoms (N=26)

| Precipitating factors    |     |     |    |     |    |     |
|--------------------------|-----|-----|----|-----|----|-----|
| Unknown                  |     |     |    |     |    |     |
| Known                    |     |     |    |     |    |     |

**Breakup of known factors**

**Physical factors**

1. Pyrexia
2. Injury
3. Other illnesses

**Psychological factors**

1. Stress of examination
2. Quarrels
3. Scolding in school
4. Failure in exam.
5. Rejection in love affair
6. Others
Past History of Psychiatric Illness

| Boys (N=9) | Girls (N=17) | Total (N=26) |
|-----------|-------------|-------------|
| N %       | N %         | N %         |
| Hysteria  | 2 22.2      | 5 29.4      | 7 26.9      |
| Tic       | 1 11.1      | 1 3.8       | 1 3.8       |
| Pain in Abdomen | 1 5.8 | 1 3.8 | 1 3.8 |

Psychiatric Illness among Parents

|                          | Mother | Father |
|--------------------------|--------|--------|
|                         | N %    | N %    |
| Hysteria                | 4 15.38|        |
| Anxiety state           | 2 7.69 | 1 3.85 |
| Neurotic depression     | 1 3.85 |        |
| Schizophrenia           | 1 3.85 | 1 3.85 |

Presenting Symptoms in Hysterical Children

|                          | Boys (N=9) | Girls (N=17) | Total (N=26) |
|--------------------------|------------|--------------|--------------|
|                         | N %        | N %          | N %          |
| Mutism                  | 1 5.9      | 1 3.8        | 1 3.8        |
| Unconsciousness         | 5 19.2     | 10 38.8      | 15 57.7      |
| Motor symptoms          | 2 22.2     | 4 11.8       | 6 23.1       |
| Sensory symptoms        | 1 3.8      | 1 3.8        | 1 3.8        |
| Somatic symptoms        | 2 22.2     | 4 11.8       | 6 23.1       |

Symptoms of Hysterical Patients

| Clinical presentations | Boys (N=9) | Girls (N=17) | Total (N=26) |
|------------------------|------------|--------------|--------------|
|                         | N %        | N %          | N %          |
| Stammering             | 1 11.1     |              |              |
| Falling                | 1 3.8      |              |              |
| Problem in initiation of a sentence | 1 11.1 | 1 3.8 | 1 3.8 |
| Disturbed sleep        | 3 33.3     | 6 35.3       | 9 34.6       |
| Dreams                 | 1 11.1     |              |              |
| Nightmares             | 2 22.2     |              | 2 7.7        |
| Somnambulism           | 1 11.1     |              | 1 3.8        |
| Decreased appetite     | 2 22.2     | 4 11.8       | 6 23.1       |
| Constipation           | 4 23.6     | 4 13.4       | 4 13.4       |

Nervous                  | 4 44.4     | 11 64.7      | 15 57.6      |
| Timid                   | 2 22.2     | 5 29.4       | 7 26.9       |
| Fidgety                 | 2 11.8     | 2 7.7        |              |
| Aggressive              | 2 11.8     |              | 2 7.7        |
| Unconsciousness         | 1 3.8      |              |              |
| Overactive              | 2 22.2     | 2 11.8       | 4 15.4       |
| Stubborn                | 3 33.3     | 3 17.6       | 6 23.1       |
| Demandng               | 3 33.3     | 6 35.3       | 9 34.6       |
| Disobedient             | 2 22.2     | 1 3.8        | 3 11.5       |
| Temper tantrum          | 1 11.1     | 1 3.8        | 2 7.7        |
| Getting teased          | 2 11.8     | 2 7.7        |              |
| Loneliness              | 1 11.1     | 1 3.8        | 2 7.7        |
| Misery                  | 1 3.8      | 1 3.8        |              |
| Unduly depressed        | 1 3.8      | 3 17.6       | 3 11.5       |
| Worrying                | 4 44.4     | 7 41.2       | 11 42.3      |
| Free floating anxiety   | 1 5.9      | 1 3.8        |              |
| Irregular to school     | 1 11.1     |              | 1 3.8        |
| Scholastic backwardness | 3 33.3     | 2 11.8       | 5 19.2       |
| Giddiness               | 3 11.1     | 3 17.6       | 4 15.4       |
| Headache                | 1 11.1     | 4 23.6       | 5 19.2       |

RESULTS

Of the total sample of 26 there were 17 girls and 9 boys. The mean age of the girls was higher (13.47 years) as compared to that of boys (10.9 years). Majority of the sample belonged to an urban area (84.6%). Majority of subjects were students of junior high school (53.9%). Majority of the sample were Hindus. There were no Sikhs or Christians. Majority of the hysterical subjects (73%) belonged to lower middle or poor economic strata having a monthly income of less than Rs. 500. Majority (88.5%) of the subjects belonged to a unitary family set up. History of neurotic traits prior to onset of illness was reported in 69.2% of the sample. Majority (53.9%) of the subjects included nail biting (15.4%), over sensitive (11.5%), enuresis (11.5%), thumb sucking (11.5%), extremely shy (7.7%), temper
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In a large number of subjects (73%), duration of hysterical symptoms was less than 3 months. 27% of the subjects had symptoms lasting for more than 3 months. Precipitating factors could be determined in 65.4% of subjects. Psychological factors were found in 50% of cases, whereas physical factors formed precipitating event in 65.4% subjects. Past history of hysteria was available in 26.9% patients of the studied sample.

In the mothers history of hysteria was present in 15.38% whereas anxiety state was present in 7.69% and neurotic depression in 3.85%. Among fathers anxiety state was present in 3.85%. History of schizophrenia was present in 3.85% of mothers and 3.85% of fathers.

The commonest presenting symptoms in the sample were fainting fits (unconsciousness 57.7%), somatic symptoms (23%), motor symptoms (11.3%), mutism (3.8%), sensory symptoms (3.8%). Symptom of fainting fits was more common in girls (58.8%) as compared to boys (55.6%). Commonly associated behavioural changes were nervousness (57.6%), timid (26.9%), aggressive (7.7%), overactive (15.4%), stubborn (23%), demanding (34.6%), disobedient (11.5%), temper tantrum (7.7%) and worrying (42.3%). These symptoms were commoner in boys as compared to girls.

Discussion

An investigation of hysteria involves a close study of the human being, both from somatic and psychological perspectives, and often reveals the intimate relationship they bear to each other. The disorder affected twice as many girls as boys but the duration of illness before seeking consultation was more in boys than in girls. Several investigations on hysterical manifestations in childhood have shown preponderance of females over males (Bhaskaran and Shukla, 1972; Somasundaram et al., 1974, Lal et al., 1976). Most of the patients in the present study were in late adolescence. Gross (1979) has noted that this period is vulnerable to hysterical reactions; it appears that the adolescent's turmoil is then at its peak. The struggle for self identity and role differentiation is quite stressful for the adolescent. The adolescent is striving toward independence, while being afraid to give up the previous dependencies.

Family history shows considerable psychiatric morbidity, although Caplan (1970) showed that parental morbidity is no greater than for other childhood psychoneuroses, the presence of such psychiatric morbidity may provide a wider framework for understanding the development of psychological symptoms. La belle indifference was not observed in any of these children; however, the clinical impression was that the children showed a degree of anxiety relevant both to their presenting physical complaints and psychological problems. It seems reasonable to conclude from both the literature and this study that La Belle indifference is the exception rather than the rule.

An unanswered question is why these children manifest major physical symptoms when they are psychologically and emotionally disturbed. The results suggest that hysteria occurs in those children who have already exhibited considerable psychological disturbances. These findings differ from earlier reports (Dubowitz and Hersov, 1976; Rock, 1971; Caplan, 1970) where premorbid health was good. However, these children may represent a more overt end of a spectrum of ill health before Hysteria has occurred.

Vyas and Bharadwaj (1977) analysed 304 cases of hysteria and found various aches to be the commonest symptom (pain in abdomen 22.3%, vague aches and pains 10.1% and pain in chest 4.2%). Infrequent occurrence of these symptoms has also been recorded by other workers (Soma-
sundaram et al., 1974; Manchanda, 1977). It was observed that some parents in the present study viewed behavioural changes as being more harmful to the family harmony. What role this aberrant behaviour had in making the parents seek help is a matter of speculation.

The present work attempted to study clinical features of hysteria in children, adolescent and observed that after 'fits', most common manifestation were that of physical symptoms. As the sample of present study was small, no definite inferences can be derived at with regard to the precise presenting problem in hysterical children and adolescent, which may otherwise require a long term study.

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