IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 30, Issue 5, Series 2 (May, 2025) 74-81
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Personality Traits, Coping and Locus of Control Among Persons with Conversion Disorder

Saumyashree Mohapatra[1], Pooja Rani Sahu[2*], Ankita Sarangi[3], Mahesh Kumar Panda[4]

[1]*Clinical Psychologist, Department of Clinical Psychology, Mental Health Institute (C.o.E), S.C.B Medical College& Hospital, Cuttack, Odisha, India*
[2]*Student Counselor, Indian Institute of Science Education and Research, Berhampur, Odisha, India*
[3]*Clinical Psychologist, Private Practitioner, Rourkela, Odisha, India*
[4]*Associate Professor, Department of Statistics, Ravenshaw University, Cuttack, Odisha, India*

Abstract
Background:
A critical factor in the pathophysiology of conversion disorder is the dysregulation of the stress response. Hence, it is essential to study psychological factors such as personality traits, coping strategies, and locus of control, which are implicated in stress management, to better understand their contribution to conversion disorder.
Aim:
This study aims to explore personality traits, coping strategies, and locus of control among 35 individuals diagnosed with conversion disorder.
Materials and Methods:
Data collection employed several instruments such as a Sociodemographic Data Sheet, the NEO-FFI3, the Ways of Coping Questionnaire, and Rotter's Locus of Control Scale. Statistical analysis was performed using frequency distribution and the Chi-square test.
Results:
Results indicate that conversion disorder is more prevalent in females, among married individuals, those with lower education levels, and individuals from low socio-economic backgrounds, predominantly from rural areas. Results showed neuroticism as the common personality trait, escape-avoidance as the primary coping strategy, and high external locus of control among those with conversion disorder. Additionally, a significant association between personality traits and locus of control was identified.
Conclusion:
The present study offers novel insights into the sociodemographic characteristics, personality traits, coping mechanisms, and locus of control among individuals with conversion disorder.
Keywords: *Conversion disorder, personality traits, coping mechanism, locus of control, stress*

Date of Submission: 02-05-2025 Date of Acceptance: 13-05-2025

I. INTRODUCTION

Individuals presenting with neurological symptoms that lack a clear medical explanation are commonly encountered in clinical settings. [1] These conditions have been referred to by various terms, some of which are now considered outdated, such as hysteria, while others, such as functional neurological disorders, medically unexplained symptoms, and conversion disorder, remain in use. [2,1] Conversion disorder encompasses neurological symptoms, such as weakness or sensory loss, that are not believed to arise from underlying neurological pathology. [3] The etiology of conversion disorder has traditionally been understood through psychological models, notably Freud's, which proposed that emotional stressors are converted into physical symptoms to alleviate psychological distress. [4,3] A study conducted by the National Institute of Mental Health and Neurosciences showed that between 1999 and 2008 the prevalence of conversion disorders in India ranged from 1.5 to 15.0 per 1,000 for outpatients and 1.5 to 11.6 per 1,000 for inpatients. [5] Another study showed that the disorder is more common in women and often emerges during adolescence. [6]

The dysregulation of the stress response emerges as a key factor associated with conversion disorder, constituting a central element of its pathophysiological mechanisms. [7] Personality traits have been known to plays crucial role in recognizing, reacting to, and addressing stressful events. [8] Maladaptive personality

characteristics, such as neuroticism, are associated with heightened vulnerability to stressful life events, which in turn may predispose individuals to experience intensified negative emotions and frustration. [9] In contrast, adaptive personality traits, including high levels of extraversion and conscientiousness, demonstrate greater resilience, showing less susceptibility to the impacts of daily stressors. [9]

Personality traits also exert a significant impact on coping mechanisms in various ways. [10] Prior to engaging in coping strategies, personality traits shape the frequency of exposure to stressors, the nature of those stressors, and the cognitive appraisals individuals make in response to them. [10] Coping is a regulatory process aimed at alleviating negative emotions caused by stress. [9] The three primary coping styles include problem-focused coping, which involves actively addressing the source of stress; emotion-focused coping, which seeks to reduce emotional distress through strategies like seeking support or accepting responsibility; and avoidant coping, characterized by cognitive and behavioral efforts to deny, minimize, or avoid dealing with the stressor. [9]

Carver and Connor-Smith [10] conducted a review of personality traits and coping. They found that personality traits influence coping strategies through both biological mechanisms and expectations of outcomes. When examining the influence of the Big Five personality traits, it becomes evident that extraversion facilitates problem-solving and the utilisation of social support while neuroticism is associated with emotion-focused-coping and disengagement. [10] Conscientiousness enhances problem-solving abilities and mitigates disengagement, whereas agreeableness promotes coping through social support. [10] Openness to experience fosters cognitive flexibility but may also predispose individuals to disengagement, and optimism encourages engagement-based coping strategies, in contrast to pessimism, which tends to result in distress and avoidance coping. [10]

When it comes to selection of coping mechanism, locus of control—defined as an individual's perception of situational demands and the perceived availability of control and resources—has been posited to play a pivotal role. [11] The locus of control (LOC) influences a range of responses to stress, including physiological, behavioural, emotional, cognitive, and motivational reactions and is understood both as a stable personality trait and as a construct that is sensitive to situational contexts. [12] Individuals with an internal locus of control believe their actions shape life events, while those with an external locus of control feel external forces determine outcomes, limiting their control. [13,14] The internal locus of control has been associated with enhanced coping and problem-solving abilities, whereas the external locus of control is considered a risk factor for maladjustment and mental health issues. [14]

Conversion disorder is often linked to underlying conflicts or recent stressors, where unconscious psychological struggles are manifested as somatic symptoms. [15] Since personality traits, coping mechanism, and locus of control play a role in dealing with stressors, hence the present study aims to explore these psychological factors in individuals with conversion disorder.

II. MATERIALS AND METHODS

Study settings and design:

The present study is a cross-sectional study. The sample for this investigation was drawn from the outpatient department (OPD) of the Mental Health Institute (C.o.E) at SCB Medical College and Hospital in Cuttack, Odisha. A total of thirty-five individuals diagnosed with conversion disorder, selected according to predefined inclusion and exclusion criteria, were recruited through purposive sampling.

Inclusion Criteria

The inclusion criteria stipulated that individuals must be over 18 years of age, possess at least a matriculation-level education, have a primary diagnosis of conversion disorder as per the ICD-10 classification, and provide informed consent to participate in the study.

Exclusion Criteria

Exclusion criteria encompassed individuals with additional co-morbid psychiatric disorders and/or chronic physical illnesses, which disqualified them from participation in the study.

Study Tools:

***Socio-Demographic Data Sheet*:** A self-prepared Socio-Demographic Data Sheet was employed to gather relevant socio-demographic information, including participants' name, age, gender, educational background, marital status, place of residence, and socioeconomic status.

NEO Five-Factor Inventory (NEO-FFI 3): The NEO-FFI-3 is the revised version of the original NEO-FFI. This self-report questionnaire comprises 60 items, rated on a 5-point Likert scale, designed to assess five core personality traits: a) openness to experience, b) conscientiousness, c) extraversion, d) agreeableness, and e) neuroticism. The internal consistency of the instrument varies between 0.68 and 0.86. [16]

Ways Of Coping Questionnaire (WAYS): The Ways of Coping Questionnaire developed by Folkman and Lazarus in 1980s encompasses a broad spectrum of cognitive and behavioral strategies individuals utilize to manage both internal and external demands in the context of specific stressful situations. [17] Respondents are asked to indicate

their use of these coping strategies on a 4-point Likert scale, ranging from 0 (not applicable or not used) to 3 (used extensively). The scales include i) confrontive coping, ii) distancing, iii) self-control, iv) seeking social support, v) accepting responsibility, vi) escape-avoidance, vii) planful problem-solving, and viii) positive appraisal. [17]

Rotter's locus of control: The Locus of Control Scale, developed by Rotter in 1960s, consists of a 29-item questionnaire designed to assess generalized expectancies regarding internal versus external loci of control. [18] A lower score on the scale signifies an internal locus of control, whereas a higher score indicates an external locus. This scale is widely utilized in psychological research. The test-retest reliability of the Internal-External (I-E) scale is reported to be 0.61. [18]

Study Procedure

Following approval from the research ethics committee, patients who met the specified inclusion and exclusion criteria were selected for participation. After screening, an informed consent form was provided to the individuals, who were only asked to sign it once they had given their consent to participate in the study. Subsequently, individuals completed a socio-demographic data sheet and three assessment scales measuring personality traits, ways of coping, and locus of control. During the completion of the socio-demographic data sheet, individuals were instructed to use pseudonyms to ensure their privacy and maintain confidentiality. They were also informed that participation was voluntary, with no material compensation provided, and that they could withdraw from the study at any time without facing any negative consequences. The collected data were coded and analyzed using SPSS, and the results were discussed based on these analyses.

Statistical analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS version 20.0). Categorical variables were represented as frequency distributions, and the Chi-square test was employed to analyze the relationships between these categorical variables.

Ethical Considerations

The current study was approved by the Institutional Ethics Committee of S.C.B Medical College and Hospital, Cuttack, Odisha bearing IEC Application No- 947 on date 01.12.2021, and was conducted over a period of one year. Informed Consent was taken from the participants. They were also briefed about the study and explained how their confidentiality would be maintained.

III. RESULTS

Table 1: Socio -demographic characteristics of the sample

Variables		Frequency	Percentage
Sex	Male	11	31.4%
	Female	24	68.6%
Education	10^{th}	21	60%
	12^{th}	10	28.6%
	Graduation	4	11.4%
Marital status	Married	25	71.4%
	Unmarried	10	28.6%
Domicile	Rural	21	60%
	Urban	14	40%
Socio economic status	Low	25	71.4%
	Middle	10	28.6%

A total of 35 individuals with conversion disorder were included in this study. Table 1 conveys that 31.4% were male and 68.6% were female among these individuals. Out of the total individuals 60.0 %, 28.6%, and 11.4% were educated up to 10^{th}, 12^{th}, and graduation respectively. On marital status, 71.4% and only 28.6% belong to the married and unmarried categories respectively. The majority of the individuals belonged to rural areas i.e., 60.0 % and the remaining 40.0% belonged to urban areas. As far as the socioeconomic background is concerned, most belonged to lower SES (71.4%) and the rest were from middle SES (28.6%).

Table 2: The frequency distribution of the sample in different domains of personality traits.

Variables		Frequency	Percentage
Personality Traits	Neuroticism	26	74.3%
	Extraversion	9	25.7%
	Openness To Experience	0	0%
	Agreeableness	0	0%
	Conscientiousness	0	0%
	Total	35	100%

The result indicates that 74.3% of the individuals had high scores on neuroticism and the rest 25.7% had high scores on extraversion. Thus, the result depicted that most of the individuals with conversion disorder had neuroticism traits.

Table 3: The frequency distribution of the sample in different domains of ways of coping.

Variable		Frequency	Percentage
	Confrontive Coping	0	0%
	Distancing	9	25.7%
	Self-Controlling	0	0%
Ways Of Coping	Seeking Social Support	0	0%
	Accepting Responsibility	0	0%
	Escape Avoidance	26	74.3
	Planful Problem Solving	0	0%
	Positive Reappraisal	0	0%
	Total	35	100%

The above table shows that 74.3% of the individuals had high scores on the Escape-Avoidance way of coping. Thus, from the data it was found that most of the individuals with conversion disorder were using Escape avoidance ways of coping.

Table 4: The frequency distribution of the sample on external and internal locus of control

Variables		**Frequency**	**Percentage**
Locus Of Control	Internal	2	5.7%
	External	33	94.3%
Total		35	100%

The above table shows that 94.3% of the individuals had high scores on the external locus of control and the rest 5.7% had high scores on the internal locus of control. Thus, the results convey that individuals with conversion disorder have an external locus of control.

Table 5: Analysis of ways of coping and personality traits.

Variables		**Personality**	**Traits**	**χ 2**	**Df**	**P**
		Neuroticism	Extraversion			
Coping	Distancing	8	1	1.353	1	.245
	Escape Avoidance	18	8			

* significant at the 0.05 level
**significant at the 0.01 level

The findings suggest that there is no significant difference between personality traits and coping mechanisms, indicating an absence of association between the two.

Table 6: Analysis of personality traits and locus of control.

Variables		**Personality**	**Traits**	**χ 2**	**Df**	**P**
		Neuroticism	Extraversion			
Locus of Control	Internal	0	2	6.128	1	.013**
	External	27	7			

* significant at the 0.05 level
**significant at the 0.01 level

The table above shows a significant difference at the 0.01 significance level between personality traits and locus of control. Therefore, an association is observed between personality traits and locus of control in individuals with conversion disorder.

Table 7: Analysis of ways of coping and locus of control

Variables		**Locus of**	**Control**	**χ 2**	**Df**	**P**
		Internal	External			
Coping	Distancing	0	9	0.734	1	.392
	Escape avoidance	2	24			

* Significant at the 0.05 level
**significant at the 0.01 level

The table above reveals that there is no significant difference between locus of control and coping strategies, indicating no association between the two.

IV. DISCUSSION

The present study aims to explore the personality traits, coping mechanisms, and locus of control in individuals diagnosed with conversion disorder. Analysis of the socio-demographic profiles of the 35 participants revealed that 68.6% (24) were female and 31.4% (11) were male, a distribution that aligns with previous findings by Kumar et al., [19], Parmar et al., [20] and Bhushan et al. [21] This gender disparity may be attributed to the entrenched cultural marginalisation of women, their limited opportunities to express emotions within the familial context, and the disproportionate domestic responsibilities they shoulder in the absence of male participation. [19] With respect to educational attainment, 60% (21) of participants had completed up to the 10th grade, 28.6% (10) had completed up to the 12th grade, and 11.4% (4) belonged to or had completed a graduation. Similar findings were seen in the studies conducted by Parmar et al., [20] and Bhushan et al. [21] Regarding socio-economic status (SES), 71.4% (25) were classified as low SES and 28.6% (10) as middle SES, findings consistent with those reported by Parmar et al., [20] and Bhushan et al. [21] Geographically, 60% (21) of participants resided in rural areas, while 40% (14) were from urban settings, mirroring the demographic patterns observed in studies by Kumar et al., [19] Parmar et al., [20] and Bhushan et al. [21] Finally, concerning marital status, 71.4% (25) of participants were married, while 28.6% (10) were unmarried, a distribution also reflective of previous research by Kumar et al., [19] Parmar et al., [20] and Bhushan et al. [21]

The present study revealed that 74.3% (26) of individuals with conversion disorder exhibited elevated scores on the Neuroticism dimension, a finding consistent with the research conducted by Ekanayake et al. [22] Regarding coping strategies, 25.7% (9) of participants employed distancing as a coping mechanism, while the remaining 74.3% (26) relied on escape-avoidance strategies. These results align with those of Ahmad and Bokharey [23] who observed that individuals with conversion disorder demonstrated a greater tendency to use avoidance-focused coping strategies compared to individuals with general medical conditions.

In terms of locus of control, 94.3% (33) of participants exhibited an external locus of control, while the remaining 5.7% (2) displayed an internal locus of control. This distribution mirrors the findings of Batool et al. [24] who reported that on external locus of control, individuals with conversion disorder are marked as 69%, whereas healthy individuals as only 31%.

Lastly, the study also revealed a significant association between personality traits and locus of control ($\chi 2 = 6.128$, $p < 0.05$). The findings are consistent with those of Horner, [25] whose study suggests a correlation between the personality trait of neuroticism and an external locus of control.

The current findings indicate that the majority of individuals with conversion disorder exhibit high scores in the neuroticism domain, which is conceptualized by Costa and McCrae as the most pervasive personality domain. [26] Neuroticism has been linked to increased subjective reports of stress-related symptoms and a higher incidence of stressful life events. [9] Individuals exhibiting high levels of neuroticism are predisposed to experiencing negative affectivity, heightened anxiety, emotional dysregulation, [27] and psychological helplessness alongside a diminished capacity for impulse control, [9] often culminating in the onset of various psychiatric conditions such as conversion disorder. [26] Neuroticism is also characterized by indulgence in maladaptive coping strategies, leading to persistent symptoms of anxiety, depression, frustration, guilt, and heightened self-awareness. [26] These suggest that an increased vulnerability to stress, coupled with an amplified awareness of bodily sensations, and maladaptive coping strategies may play a significant role in the manifestation of conversion disorder.

Limitation

This study has several limitations. First, the sample size was relatively small, which limits the ability to generalize findings to the broader population of individuals with conversion disorder. A larger sample would reduce the risk of drawing erroneous conclusions based on a limited dataset. Secondly, the study employed purposive sampling, which may introduce bias. A randomized sampling approach would have been a more effective method to minimize bias and enhance the generalizability of the results.

V. Conclusion

The current study explores the personality traits, coping strategies, and locus of control in individuals with conversion disorder. The findings revealed that these individuals exhibited neuroticism personality traits, as well as a preference for distancing and escape-avoidance coping strategies, and an external locus of control. An association between personality traits and locus of control was also observed.

Data availability

All data related to the current research study will be made available upon reasonable request.

Authors contributions

Conceptualization and original design, data collection and analysis, manuscript drafting, and revisions: SM, PRS
Manuscript drafting, and revision. AS
Statistical analysis: MKP
All authors reviewed and approved the final manuscript.

Declaration regarding the use of generative AI

During the writing phase of the manuscript, the authors employed AI exclusively to enhance its readability and linguistic quality. Following the use of the tool, the authors conducted a comprehensive review and revision of the content, ensuring its accuracy and coherence. The authors assume complete responsibility for the entirety of the manuscript, including sections generated with the assistance of the AI tool.

Conflict of Interest

The authors declared no conflict of interest.

Financial support and sponsorship

Nil.

Acknowledgement

The authors appreciate all those who participated in the research and helped facilitate the research process.

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