

Time for a New Model of Functional Neurological Symptom Disorder (FNSD)

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Abstract

This paper explores the dearth of research on Functional Neurological Symptom Disorder (FNSD) and proposes that it is necessary to come up with regionally relevant scholarly research on FNSD. This will help create models and coalesce it with conceptual yardsticks closer to our socio-cultural context. This can also help to create regionally rooted scholarship to carry out the much-needed therapeutic interventions.

Keywords: Functional neurological symptom disorder; Etiology; Psychoanalytic

Introduction

Functional Neurological Symptom Disorder (FNSD) or Conversion Disorder, previously known as hysteria, has perhaps the longest recorded history amongst all psychiatric disorders, spread over 4000 years [1,2]. FNSD is quite common in Pakistan and other South Asian countries especially India [3,4], Bangladesh [5], and Nepal [6], whereas the prevalence of FNSD tends to be quite low in industrialized countries as compared to developing countries [7,8]. FNSD tends to be more common in certain demographics such as among the people with low socioeconomic status, limited literacy, residents of rural areas as well as among females and youth [4,9,10]. This psychiatric disorder disrupts the motor and sensory functionality such as blindness, aphonia, paralysis, pseudo seizures, difficulty in swallowing and walking etc. [1]. However, despite the frequent occurrence of FNSD (especially in South Asia) the available empirical evidence on this very important topic is rather scarce. This neglect is not limited to the area of research only, mental health professionals in Pakistan have yet to develop any indigenous theoretical model of FNSD or any approach for therapeutic intervention aligned to the cultural and social context of Pakistan. The most influential etiology of Conversion Disorder was outlined in the psychoanalytic theory put forward by Freud [2] over 100 years ago in Vienna, in a social, cultural and religious context that was quite different from the present-day context of Pakistan and other countries where it is common. Freud, along with other historians of hysteria or FNSD indicated that the clinical picture tends to vary with ethnicity and culture [2]. The prevalence of FNSD has been on the wane in industrialized and Western countries, and their claim that FNSD is “a fertile source of clinical error” [11] seems farcical in our part of the world. On account of this disparity, it is assumed that cultural factors tend to play a role in its etiology [4,12]. One of the possible reasons is that the developing countries have stronger institutions of religion as well as family and thus require an individual to conform to a certain set of rules, causing emotional suppression [1,12]. FNSD is deemed as a mechanism used by individuals as a non-verbal communication of the subconscious mind [13], as well as to exhibit distress around family conflicts and unexpressed emotions [12]. At times, even professionals lack adequate knowledge to deal with FNSD [14,15] hence

there is a growing need to enhance awareness around it so that effective management can be planned. There is a general dearth of research on FNSD in both the global North and the global South but in the latter; the disorder is more prevalent than in the former. Another reason for the paucity of empirical evidence could be that there have been suspicions surrounding the existence of FNSD because it occurs without any underlying neuropathology [11,2]. However, in our part of the world, it's still very much alive and kicking [16]. Furthermore, attention should also be brought to the role of xenobiotics and chronic global diseases on mental health in developing countries. The kind of changes in diet and lifestyle that are required to influence mental health must also be studied for positive impact [17-19]. In order to better serve the patients, the practitioners must stop relying on imported Western models and superimposing them on mental health patients in Pakistan as these interventions may be a "hit or miss".

Conclusion

There is a dire need to carry out research in countries where FNSD is more prevalent so as to develop indigenous and culturally appropriate models of conceptualisation as well as therapeutic intervention in order to help our patients in a comprehensive fashion. This would go a long way to serve our patients adequately in their particular socio-cultural context.

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