

**Letter to the Editor****Approach to a case of Dissociative Disorder associated with Neglect and Abuse****Geetanjali Chugh, MA, Anubha Dhal, MA, Rajesh Sagar, MD, Manju Mehta, PhD****Address for correspondence:** Ms. Anubha Dhal, PhD Scholar, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi – 110029, E-mail: [anubha.dhal@gmail.com](mailto:anubha.dhal@gmail.com)

Child abuse constitutes any act by a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse or exploitation of a child. Neglect involves a failure to provide for a child's physical, emotional, educational or medical needs. Child abuse and neglect pose serious implications for the physical, cognitive and socio-emotional development of a child.<sup>1</sup> Risk factors for child maltreatment include caregiver (e.g. psychopathology), child (e.g. behaviour problems) and family/environmental (e.g. lack of social support) factors.<sup>2</sup> Here, we present a case of dissociative disorder to highlight the intricacies involved in the management of cases associated with child abuse and neglect.

**THE CASE**

An 11-year-old girl, eldest of three children belonging to a low socio-economic Hindu nuclear family presented with inability to stand and walk. Her mother had paranoid schizophrenia and repeatedly abused her physically. The child initially reported subjective weakness in both legs and then in her arms. After about 4-6 months, she also started complaining of back pain and an inability to sit without support. While sitting she would twist her back and support her trunk with her hands. She would crawl when she needed to move. There was no history suggestive of convulsions, fever, fainting, head injury, incontinence, sustained anxiety or sadness, insomnia, loss of appetite or prolonged intake of medications. At this point, she stopped going to school and decreased interaction with family and friends. Physical examination, routine investigations and computed tomography of head and spine did not reveal any pathology.

Psychological assessment using Child Apperception Test (CAT), Sentence Completion Test and House Tree Person Test revealed withdrawal and feeling of rejection, perceived strain in parental relationship, positive feelings towards father, a sense of being dominated and threatened by the mother, sibling rivalry, feelings of inadequacy, somatic preoccupation, poor frustration tolerance, and passive coping (escaping and repressing). Further interviews revealed perceived lack of nurturance by mother, and concerns related to friends and academics.

In her therapy we aimed to prevent further abuse and neglect, alleviate her symptoms and correct the cognitive and socio-emotional deficits produced by abuse and neglect. Her father was psycho-educated regarding the factors causing and maintaining her illness and he was encouraged to gradually take up the primary caregiver role. The child was temporarily removed from the stressful environment to prevent further abuse, while her mother received treatment for her illness. The mother was encouraged to engage in play activities with the child. Supportive and play therapy were employed to decrease the child's fearfulness and inhibition and to encourage expression. When the patient expressed guilt and blamed herself for being

abused, she was reassured that it was not her fault. Skills' training was provided to enhance her coping, communication, problem solving and assertiveness.

## **DISCUSSION**

In our case, the development and maintenance of dissociative symptoms could be attributed to repeated beatings on the legs by the mother; lack of family/environmental support against abuse; parental neglect of her physical and emotional needs due to financial constraints, unstable paternal employment and maternal psychopathology; as well socio-cultural disadvantage of being a girl child. The case highlights the need to be sensitive to factors associated with child abuse and neglect in the assessment and management of dissociative disorders.

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**Conflict of Interest statement:** None declared