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Emotion-Focused Therapy for Conversion Disorder in an Adolescent: A Case Study

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Abstract: The given case study analyses the use of Emotion-Focused Therapy for Conversion Disorder in an Indian adolescent. The patient's psychopathology was characterized by episodes of unresponsiveness, crying spells, and fear induced narratives. The intervention planned assumed the use of emotion focused therapy for a period of 4 weeks involving visual, somatic, and expressive techniques led to clinically significant improvements in anxiety, somatic awareness, and dissociation. The case underscores the value of developmentally appropriate EFT for paediatric clients with psychosomatic symptoms in the Indian context.

Keywords*: Conversion Disorder, Emotion-Focused Therapy, Dissociation, Paediatric Clients*

Conversion disorder, now clinically classified as Functional Neurological Symptom Disorder (F44 in ICD-10 and ICD-11), is a complex psychiatric condition characterized by neurological symptoms that lack a consistent medical explanation. Historically, the roots of conversion disorder trace back to the concept of "hysteria" described in ancient Egyptian, Greek, and Freudian texts. Sigmund Freud's psychodynamic framework famously positioned conversion symptoms as the result of unconscious emotional conflict, "converted" into physical manifestations—a theory that dominated psychiatric discourse through much of the 20th century (Shorter, 1992). While contemporary conceptualizations have moved beyond strict

Freudian views, the central idea, that unresolved emotional distress can manifest somatically, remains pivotal.

Modern understandings of conversion disorder integrate biopsychosocial models, emphasizing the interplay of early life experiences, emotional dysregulation, cognitive misattributions, and neurobiological vulnerability. Particularly in children, these presentations may be precipitated by subtle forms of emotional neglect, fear-based narratives, or stress-inducing transitions (Stone et al., 2005). Symptoms may include fainting spells, paralysis, seizures, or—as in the present case—periods of unresponsiveness and dissociation in response to emotional stimulation. The diagnosis in children is further complicated by developmental limitations in emotional articulation and insight, making somatic expression a more dominant outlet for distress (Lehn et al., 2016).

Given that conversion disorder often involves a disconnection between affective experience and bodily awareness, Emotion-Focused Therapy (EFT) has emerged as a potentially impactful intervention. Developed by Greenberg and colleagues (1980s onward), EFT is a process oriented, experiential therapy that helps clients access, deepen, and transform maladaptive emotional states. Rooted in humanistic, gestalt, and attachment theories, EFT emphasizes the core idea that emotions are not just symptoms to be regulated but signals of unmet needs and adaptive potential (Greenberg, 2011).

EFT's relevance in somatoform presentations lies in its focus on helping clients attune to emotional experience, particularly in the body, and create corrective emotional experiences through affective processing. Through techniques like emotion coaching, focusing, two-chair dialogue, and—more recently—tapping (as adapted in emotional freedom techniques, a body based derivative), EFT supports reconnection between emotion, cognition, and somatic expression.

Working with children diagnosed with conversion disorder adds another layer of complexity. Children may not have the linguistic tools to describe internal experiences, and may instead rely on metaphoric narratives or behavioural cues. Emotional dysregulation in children is often embedded within relational and cultural systems—requiring therapists to navigate family beliefs, somatic language, and developmental needs simultaneously. In collectivist societies like India, culturally reinforced fear narratives (e.g., spirits, supernatural threats) may be used by caregivers to influence behaviour, but when taken literally or internalized intensely by the child, can result in maladaptive emotional schemas and somatic anxiety.

This case study explores the integration of Emotion-Focused Therapy techniques—including tapping, expressive art therapy, and somatic grounding—within the treatment of a 13-year-old female diagnosed with conversion disorder. It aims to demonstrate how EFT's body-attuned, emotion-processing strategies can support children who display dissociative and somatoform symptoms, helping restore self-regulation and emotional embodiment. Through a developmentally sensitive, trauma-informed lens, the present work attempts to bridge theoretical concepts with clinical applicability in the treatment of pediatric functional neurological disorders.

Case

Patient Description

The client is a 13-year-old girl residing in a semi-urban Indian city. She lives in a multigenerational household with her parents and grandparents. The family structure is close knit, and the cultural environment is steeped in traditional beliefs. The client had recently transitioned from a private to a public school, a change that introduced social and academic adjustment challenges.

Case History

The client initially presented with episodes of unresponsiveness and crying spells, often triggered by fear-inducing situations or emotional conversations. She exhibited persistent fears related to darkness, stray animals (especially cats and dogs), and spiritual threats, often rooted in narratives told by her grandparents. For example, she reported: "I am not allowed to step outside after dark because witches will come looking for me, particularly when I am in the city or at my grandparents' home. In the city, someone will nab me."

When asked about her emotional experiences, she explained: "I feel tension in my head, I feel confusion, I feel worry, but I don't feel anything in my body. Everything is in my head. I am far away from this negativity."

Examination Results

Physical Examination: General medical and neurological examinations conducted by a paediatrician and a neurologist revealed no abnormalities. There was no evidence of epilepsy, seizures, sensory loss, or motor deficits. Her EEG and neuroimaging (MRI) results were normal.

Mental Status Examination (MSE)

a) Appearance: Clean, dressed appropriately, good hygiene

b) Behavior: Cooperative but occasionally withdrawn; freeze response noted in

sessions • Speech: Slow, soft-spoken, with occasional pauses; coherent and relevant • Mood: Anxious; reported feeling "confused and scared"

c) Affect: Restricted; emotionally flat when recalling fearful memories • Thought Process: Logical but frequently blocked when overwhelmed • Thought Content: No delusions or hallucinations; pervasive thoughts about safety and danger

d) Cognition: Alert and oriented; mild difficulties in concentration under stress • Insight: Partial; she recognized emotional episodes but couldn't link them to triggers • Judgment: Appropriate for age; hesitant but not impulsive

Results of Pathological Tests and Psychological Assessments

ICD-10 diagnosis: Conversion Disorder (F44.7)

Pre-treatment psychological assessments:

a) Dissociative Experiences Scale (DES): 58% – High dissociation

b) Childhood Trauma Questionnaire (CTQ): Mild emotional neglect

c) Hamilton Anxiety Rating Scale (HAM-A): 28 – Severe anxiety

d) Hamilton Depression Rating Scale (HAM-D): 6 – Minimal depressive symptoms • WHO-SRQ (20-item): 12/20 – Indicated common mental disorder

e) Neuroticism Scale Questionnaire (NSQ): Severe somatic distress

Treatment Plan

The client participated in a 4-week EFT intervention, with three sessions each week (two conducted online and one offline). The treatment was composed of six integrative and developmentally appropriate techniques. The goals of these techniques collectively was targeted at the fostering of safety, awareness, and reconnection with the body and emotions, which are essential for addressing dissociation and psychosomatic presentations in the present case. These techniques are described below:

EFT Tapping Sequences: This somatic technique, derived from Emotional Freedom Techniques (EFT), involves tapping on acupressure points while verbally affirming and naming emotional states. Originating from energy psychology, tapping has been shown to reduce anxiety and physiological arousal. In therapy, the client was guided to tap on points like the side of the hand, under the eyes, and collarbone while repeating statements such as, "Even though I feel scared, I am safe now."

Emotion Identification using Bear Cards: Bear Cards are a visual tool featuring cartoon bears expressing various emotions, used to support emotional literacy in children. They help externalize and name feelings in a playful, low-pressure format. The client selected cards that

matched her current feelings, helping bridge the gap between internal states and verbal expression.

Body Mapping: This technique promotes interoceptive awareness by asking the client to locate and draw emotional sensations on a human outline figure. Initially met with avoidance or confusion, the client gradually began to identify bodily locations for emotions (e.g., fear in the chest or worry in the head), which enhanced her connection between physical sensations and emotions.

Facts and Stories Activity: Adapted from narrative therapy and CBT principles, this exercise distinguished culturally transmitted fears from personal reality. The client wrote or narrated stories passed down by elders (e.g., spirits haunting utensils) and was then guided to identify which aspects were based on facts and which were emotional beliefs. This improved cognitive-emotional differentiation.

Shadow Work (Age-Adapted): Inspired by Jungian principles, shadow work helps externalize and integrate "scary" or avoided emotional parts. For children, this involved drawing a representation of a fear or emotion (e.g., the "spirit") and dialoguing with it. The goal was to transform the fear from something overwhelming to something manageable and internal.

Expressive Art Therapy: Through drawings, safe space creation, and metaphor-based narratives (e.g., "draw your worry as a creature"), this technique allowed the client to project and regulate affect safely. Offline sessions incorporated crayons, collage, and sensory elements to reinforce groundedness and emotional safety.

Treatment Outcome

Functionally, the client showed substantial improvement. She was able to name and localize emotional sensations (e.g., “I feel something in my chest”), voluntarily walked to the balcony after dusk, participated in group work at school, and reported feeling "less scared." These changes indicated both clinical and functional gains.

A quantitative comparison of pre- and post-treatment assessment scores revealed measurable improvements across several psychological domains relevant to conversion disorder, such as shown in Table 1.

Table 1: *Pre- and Post-Treatment Scores on Psychological Measures*

Domain	Tool	Pre-Treatment Score	Interpretation (Pre)	Post-Treatment Score	Interpretation (Post)

Dissociative	Dissociation Experiences Scale (DES)	58%	High dissociation	32%	Moderate dissociation
Anxiety	Hamilton Anxiety Rating Scale (HAM-A)	28	Severe anxiety	12	Mild anxiety
Depression	Hamilton Depression Rating Scale (HAM-D)	6	Minimal depressive symptoms	5	Minimal depressive symptoms
Neuroticism	Hamilton Neuroticism Scale	-	-	-	-
Somatic Distress	Somatic Distress Questionnaire (NSQ)	Severe	Severe somatic distress	Moderate	Moderate somatic distress
General Mental Health	WHO Self-Reporting Questionnaire (WHO-SRQ)	Dec-20	Common mental disorder	Jun-20	Below clinical threshold

This case is noteworthy for its developmental considerations, and usage of Emotion-Focused Therapy (EFT) in the Indian context. In many Indian families, fear-based narratives—including those referencing witches, spirits, or supernatural consequences—are passed down intergenerationally as behavior-modification tools. While intended to instil caution, such narratives may contribute to heightened anxiety and dissociation, particularly in children who lack the cognitive maturity to distinguish metaphor from literal reality.

In this case, the client's literal internalization of cautionary myths, combined with academic transition stress and limited emotional vocabulary, resulted in clinical features consistent with conversion disorder. The physical unresponsiveness and emotional disconnection reflected somatization, a mechanism commonly seen in children processing psychological distress in the absence of verbal or reflective capacity. This highlights the need to interpret paediatric functional symptoms not in isolation but through a bio-psycho-social-cultural lens.

Consistent with literature, EFT proved effective in reducing trauma-linked symptoms and enhancing emotional regulation in the client (Greenberg, 2011). EFT's structure—especially its tactile (e.g., tapping), visual (e.g., expressive art), and metaphor-based elements—proved developmentally appropriate. These elements circumvented verbal limitations and directly engaged the client's nonverbal emotional systems, which are often more accessible in younger populations. Research shows that EFT reduces physiological arousal, supports interoceptive awareness, and fosters self-regulation in both children and adults with trauma and anxiety disorders (Church et al., 2012).

Notably, the client's emotional vocabulary expanded, and somatic awareness increased over the four-week intervention. She transitioned from describing anxiety as "everything is in my head" to locating sensations in her chest and expressing internal states through drawing and movement. Functional improvements—such as re-engaging with feared spaces and initiating verbal interaction in school—suggest a meaningful reduction in avoidance and dissociation.

Clinical Significance

This case underscores the clinical value of EFT as a trauma-informed, somatically anchored modality for pediatric functional neurological symptoms. Its flexible format allows adaptation to a child's cognitive, emotional, and cultural framework, fostering therapeutic engagement even in initially dissociative clients.

Limitations and Future Directions

As a single-case design, generalizability is limited. The therapeutic improvements observed are specific to the client's profile, therapeutic alliance, and contextual factors. Additionally, long term outcomes have not been specified. Future research should examine the efficacy of EFT and other somatically focused therapies in larger pediatric populations with functional disorders, with comparative studies examining the efficacy of EFT s opposed to other therapeutic interventions.

Conclusion

This case supports the clinical utility of Emotion-Focused Therapy in treating conversion disorder in adolescents. EFT's emphasis on body-mind integration and emotional reconnection proves effective in addressing dissociation and culturally influenced fear schemas. Clinicians should consider EFT as a viable treatment modality for pediatric psychosomatic disorders, particularly in cultural contexts where somatic expression is prominent.

Notes on Patient Consent

As the patient is a minor, written informed consent was obtained from the parents. All identifiable details have been anonymized in accordance with ethical standards.

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