

abdominal pain, fainting, pseudoseizures, paralysis, headaches, and visual field restriction. Once considered rare in childhood, the disorder occurs more frequently than has generally been acknowledged. The most commonly observed symptom is seizure activity, which can be differentiated from symptoms of neurogenic origin by formal tests, the most useful of which is the finding of a normal electroencephalogram.

Many children with conversion reaction have experienced a major family crisis before the onset of symptoms, such as loss of a parent or other significant person through death, divorce, or moving. The families of children with conversion reaction characteristically display problems in communication and depression or hypochondriasis in a parent.

Educating the child and family regarding the cause of emotional stresses or feelings and alternative approaches to coping with stress may alleviate the child's symptoms. If deep personality problems are evident, psychiatric consultation is indicated. Nursing care is similar to that for the child with recurrent abdominal pain (see also [Chapter 22](#)).

Childhood Depression

Depression in childhood is often difficult to detect because children may be unable to express their feelings and tend to act out their problems and concerns rather than identify them verbally. Adult caregivers, health care professionals, and educators may not recognize early warning signs of depression in children or may delay referral and treatment, believing symptoms of depression are “just a stage of development” and will resolve with maturation. Authorities agree that childhood depression exists, but the manifestations often differ from those in depressed adults. Depressed children often exhibit a distinctive style of thinking characterized by low self-esteem, hopelessness, poor social engagement with peers, and a tendency to explain negative events in terms of personal shortcomings ([Box 16-1](#)).

Box 16-1

Characteristics of Children with Depression