Psychosocial stressors in patients with Somatoform Disorders

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Objective: To identify and compare the various psychosocial stressors in patients presenting with somatoform disorders during the last one year

Design: A retrospective (ex post facto) study.

Place and Duration of the Study: The study was conducted in the Inpatient and out patient departments of the Institute of Psychiatry, Rawalpindi General Hospital, from January to April 2004.

Subjects and Method: The sample consisted of 80 patients (40 male and 40 female) with somatoform disorders. Life Events Scale (LES) and Axis-IV of DSM were used as instruments to study the various psychosocial stressors.

Results: The findings suggested that female patients (M = 356.15, SD = 138.01) experience more life events as compared to male patients (M = 317.6, SD = 103.48). There were non-significant differences between males and females in terms of problems with the primary support group, social environment and economic difficulties. However mean scores indicated that female patients (M=1.43, SD=. 87) experience more problems with primary support group as compared to males (M =2.35, SD =1.09) whereas male patients (M= 1.50, SD=. 87) have more problems with the social environment as compared to females (M=1.43, SD=. 87). Both male (M=. 87, SD=. 88) and female (M = .75, SD=. 59) patients showed preponderance with economic problems. Majority of the patients presenting with somatization belonged to the younger age groups. Somatoform disorders were more common among housewives and in males who were unemployed. There was a significant variation within the educational status of the patients.

Conclusion: Psychosocial stressors are important causal factors for Somatoform disorders. People having problems with the primary support group and social environment are twice likely to present with somatoform disorders.

Key Words: Somatoform Disorder, Primary Support, Social Problems, Economic Problems

INTRODUCTION

Emotions influence bodily functions just as somatic changes affect mental processes. With the evolution of the scientific medicine, the role of psychological factors tended to be ignored[1]. Psychosomatic reactions might be described as conditions in which there is physical damage to one target organ or organ system[2]. Continuous and heightened experience of the same emotional states that are associated with the anxiety and anger seem to produce structural changes in organs and viscera in some individuals[3]. The psychological changes are normally accompanying certain emotional states, but in somatoform disorders the changes are more intense and sustained. The individual may not be consciously aware of his emotional state[4].

One of the important and well-studied mediators of stress is social support, the feeling that a person is cared about and valued by the people and that he or she belongs to a social network[5]. There are several lines of investigation linking stress and mortality. One of the most replicable findings about stressful life events has demonstrated the risk of grief. Widows and widowers suffer a significantly increased risk of dying in the year after the death of their spouses[6].

The assessment and treatment of a patient with a Somatoform disorders can be challenging to primary care physicians and mental health specialists. An integrated medical and psychiatric treatment approach is needed to successfully decrease the impairment caused by these disorders[7].

There are gender differences as research indicates that women experience more negative emotions than man[8]. There is some evidence that women report more dissatisfaction with their health than men. Women are more strongly limited within the social network around them. Due to social burden women's physical health is affected and they complain more of their physical symptoms and pain in their body and they tend to show lower pain tolerance than men[2]. Social psychologists view that woman are also prompt to keep negative views as compared to men and experience more desperate and pessimistic feelings in the face of threatening and stressful situations[4].

Stress may be the greatest single contribution to illness in the industrialized world. It is believed that prolonged stress may impair functioning or trigger mental illness[4]. Painful experiences such as death of a loved one, divorce, or medical illness, or losing everything in a natural disaster can be so impactful as to trigger clinical

depression and various somatic disturbances[6]. Such events take away a sense of control and cause great emotional distress. In Pakistan there have been only few studies of psychosocial stressors in patients. In particular the relationship between stressful life events and somatoform disorders has rarely been addressed. The presents study aims to identify and compares the various psychosocial stressors in patients presenting with somatoform disorder during the last one year.

SUBJECTS AND METHODS

A sample of eighty diagnosed patients of Somatoform Disorders (40 males, 40 females) within the age range of 13 to 60 years were taken as the research subjects with the help of consultant psychiatrist through the technique of non- probability purposive sampling for selecting the sample. The patients were selected from out patient department as well as in patient department of the Institute of Psychiatry Rawalpindi General Hospital. Patients who received the diagnosis of somatoform disorder during last 3 to 6 months were included in the study.

Following instruments were used in the present study.

1. Demographic Sheet 2. The Life Event Scale (LES) 3. Axis-IV of DSM-IV

The Data was analyzed with the help of SPSS by computing t tests, frequencies and percentages.

RESULTS

Mean scores indicate that male patients (M =2.35, SD =1.09) have less problems with primary support group as compared to females (M= 2.73, SD = 1.28) However the difference is not statistically significant between the two groups in term of problem with primary support group (t=1.323 p = .194).

Mean scores indicate (M= 1.50, SD=. 87) that male patients have more problems with the social environment as compared to females (M=1.43, SD=. 87). However the difference is not statistically significant between male and female patients in terms of problems with the social environment (t = 363, p= .719).

Although the mean scores indicate that males (M=. 87, SD=. 88) experience economical problems more as compared to females (M = .75, SD=. 59). Differences between male and female patients in terms of economic problems is not statistically different (t=. 68, p= 0.49).

The mean scores indicated that male patients (M = 317.6, SD = 103.48) have scored low on Life Event Scale as compared to female patients (M = 356.15, SD = 138.01). The table 1 indicates significant differences between the Life Events Scale scores of male and female patients (t = 1.41, p=0.05).

Table 1. ***Mean (M), Standard Deviation*** **(SD) and t-values between scores of male and female patients on Life Event Scale (LES) (N=80)**

	N	M	SD	t	P
	40	317.6	103.48		
				1.41	0.05
	40	356.15	138.01		

p>. 05

The Table 2 indicates that 33.75 percent females and 27.5 percent male patients scored above 300 on Life Event Scale and 22.5 percent male and 16.25 percent female patients scored below 300 on Life Event Scale. This shows there were more stressful events in the life of females as compared to males because 33.37 percent females scored above 300 on the Life Event scale

Table 2. ***Frequency (f) and percentages (%) of scores on Life Event Scale (N=80)***

	Male		Female	
Scores on LES	f	%	f	%
Less than 300	18	22.5	13	16.25
More than 300	22	27.5	27	33.75

The Table 3 shows the distribution of problems with primary support group in relation to various diagnostic subgroups within somatoform disorder. It indicates that 45 percent females who had conversion disorder were experiencing problems with the primary support group whereas only 12.5 percent male patients had problems related to primary support group. A high percentage that is 62.5 percent male patients were experiencing problems with their social support group and only 35 percent female patients had this problem in case of somatization disorder. About 10 percent male and 5 percent female patients of

pain disorder were experiencing problems related to primary support group. The equal number of male and female patients having multiple somatic complaints was also having this problem.

Table 3. ***Frequencies (f) and Percentages (%) of Diagnosis and Primary Support Group Problems among Male and Female Somatoform Disorders Patients (N=80)***

Diagnosis	Primary Support Group			
	Male		Female	
	F	%	F	%
Conversion disorder	5	12.5%	18	45%
Somatization disorder	25	62.5%	14	35%
Persistent Pain disorder	4	10%	2	5%
Multiple Somatic Complaints	6	15%	6	15%

The results in table 4 illustrate the frequency of problems related to social environment in relation to various subgroups of somatoform disorder. It indicates that 10 percent male and 12.5 percent female patients were having problems with the social environment. Patients having pain disorder (37.5 percent male and 30 percent female patients) and patients having multiple somatic complaints (7.5 percent male and 15 percent female patients) were experiencing problems with the social environment.

Table 4. ***Frequency (f) and percentages (%) of diagnosis and problems related to social environment among male and female Somatoform Disorders patients (N = 80)***

Diagnosis	Problems related to social environment			
	Male		Female	
	f	%	f	%
Conversion disorder	4	10%	5	12.5%
Somatization disorder	18	45%	17	42.5%
Persistent Pain disorder	15	37.5%	12	30%
Multiple Somatic Complaints	3	7.5%	6	15%

DISCUSSION

Stressful life events erode quality of life and place people at risk for mental disorders. Somatization has strong relationship with the psychosocial stressors[9]. The common psychological and social stressors in adult's life included the breakup of intimate romantic relationships, death of a family member or friend, economic hardships, racism and discrimination[10].

The present research pointed out that there is no significant difference between male and female patients in terms of problems related to social environment. However male patients (M = 1.50, SD = .87) had more problems with the social environment as compared to female (M= 1.43, SD = 0.87) The literature reviewed shows that social support enables people to experience lower levels of stress and to be better able to cope with the stress[11].

Both male and female patients were having economic problems. Male patients with somatization and female patients with conversion had more economic problems. It appears that the economic problem lead to different types of psychosocial problems in males or females. The females appears to have more likely to develop more florid manifestation of conversion disorder while male patients adopted a rather quieter approach of presenting with passionate somatic symptoms in the form of somatization disorder.

Other researches have shown that at conservative estimate 46 percent women and 5 percent of men suffered from anxiety and depressive disorders[12]. Literate subjects had lower levels of emotional distress then illiterate. Higher socio-economic status is associated with less emotional distress. In the present study results of the research demonstrated that there are significant differences between males and females in terms of Life Events. Female experience more life events as compared to males (t = 1.41, p 0.05). About 33.75 percent females scored above 300 on Life event scale and 27.5 percent male patients scored above 300.

The finding is supported by the previously done researches. Social psychologists view that women are also prompt to keep negative views as compared to men and experience more pessimistic feelings in the face of

threatening and stressful situations[4]. Stress as Lazarus and Launier (1978) suggested a transaction between people and the environment. Because it is the basis of give- and- takes adjustments that characterize people's relationships with the environment, stress is a critical transaction indeed. Stress is the process by which environment events challenge us, how they are interpreted, how they make us feel and how we respond or adjust them[5]. Another study suggests that in all countries of the world, women experience higher levels of psychiatric morbidity than men do but the gap appears greatest in poorer countries. (Lee, 1990) Stressors, sources of challenge or danger to the organism are usually external to the organism and harm or loss. Stressors are not always environmental and instead may be symbols of threat, reminders of past harm, or other psychological representation of danger. In this way dreams or unwanted thoughts about a stress or may cause stress themselves [1]. Life may be particularly stressful for most women in Pakistan because of their lack of control over their lives. Studies in Western societies established that psychiatric disorders and psychological distress are correlated with low socio-economic class, lack of social support networks and stressful life events.

About 30 percent male patients were unemployed and 25 percent were students' whereas the other 45 percent were doing private job, business and were laborers. As far as females were concerned majority of them were housewives that are 50 percent and 42.5 percent female Somatoform disorders patients were students. The literature shows that some chronic stressors including job dissatisfaction, neighborhood problem and commuting may contribute to background stress[4].

Among the Somatoform disorders the most commonly found diagnosis were conversion and somatization. Pain and patients having multiple somatic complaints was also found. In this study we have found that 62.5 percent male patients were experiencing problems with the primary support group and 45 percent of conversion patients were experiencing problems with the social environment and 42.5 somatization male patients were experiencing problems related to the social environment. The literature indicated that in adults it is thought that almost one half of the somatic complaints contain some element of somatization with 10 percent representing pure somatization[13].Conversion disorder appears to be more common in adults or children. Low education, personality disorder and depression are commonly associated with Conversion disorder[14]. The female-to-male ratio is between 2:1 and 5:1. Male patients are likely to develop conversion disorder in occupational settings[15].

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