

Psychological Problems and Perceived Social Support among Patient with Somatoform Disorder

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Abstract

Somatoform disorders are mental illness that causes unexplained physical symptoms such as headache, feeling sick, abdominal pain, bowel problems, tiredness and sexual problems. The unexplained symptoms of somatoform disorders often lead to general health anxiety in which affected people tend to be emotional about their symptoms and can greatly affect their day to day life functioning. The present study was conducted to assess the psychological problems and perceived social support among patient with somatoform disorder. A non-experimental quantitative approach and descriptive design were adopted. Total fifty-two patients were selected using the purposive sampling technique who visited the OPD of a tertiary mental health care institute. Structured socio-demographic proforma, Depression, Anxiety and Stress-21(DAS-21) and Multidimensional Perceived Social Support (MPSS) were used to collect data after ethical clearance and written permission from the concerned authorities.

The study findings showed that majority of the participants were female i.e.78.8% and 21.2% were male and results showed that 40.4% were extremely depressed, 53.8% were extremely anxious, 19.2% had severe anxiety and 28.8% were severely stressed. In terms of social support the participants expressed perceived support from significant other was the highest i.e. 59.6%, support from family was 57.7% and support from friends was 36.5%. The overall perceived social support showed that 46.2% had moderate support, 42.3% had high support and 11.5% had low support. The psychological problems and perceived social supports are found to be independent of socio-demographic profile of the participants except for the religion which was found to be significantly associated ($\chi^2= 4.727$, $p=0.05$). Correlation between anxiety and social support was found which implies that individuals who perceive higher levels of social support tend to experience lower levels of anxiety, whereas those with lower perceived support may have higher anxiety.

Keywords: psychological problems, social support, somatoform disorder, depression, anxiety, stress

1. Introduction

Somatoform disorder is a syndrome of multiple somatic symptoms that cannot be explained medically and are associated with psychosocial distress and long term seeking of assistance from health-care professionals¹ and are usually characterized by multiple unexplained physical symptoms such as headache, stomach ache etc². The prevalence of somatic symptom disorder in the general population is an estimated 5% to 7%, making this one of the most common categories of patient concerns in the primary care setting. Females tend to present with somatic symptom disorder more often than males, within estimated female-to-male ratio of 10:1. In a study conducted by Grover et al.³ showed that in India, the prevalence of somatoform disorder was 10.1% at tertiary care centre's of General Hospital Psychiatry Units (GHPU) and a study conducted by Das et al.⁴ revealed that women (93.33%) reported more somatic symptoms than men (6.66%). Also it is evident that, severity of somatic symptoms is negatively correlated with social support i.e. Deeper understanding about the issues would help the care givers to formulate and provide better services to the persons with somatoform disorder. However, very few numbers of evidences are available in the regional context leading to take up the study by the investigators. The study aimed to identify the psychological problems and perceived social support of patients with somatoform disorder so that further intervention and management strategies can be planned. The outcome of the study can provide the insight regarding the impact of these somatic symptoms psychologically as well as role of perceived social support towards the patient.

Material and Methods:

The present study was conducted at OPD of a tertiary mental health setting to assess the psychological problems and perceived social support. A non-experimental quantitative approach with descriptive design was used for the study. Data were collected from the 52 numbers of patients with somatoform disorders who were selected purposively for the study. Socio-demographic proforma, Depression, Anxiety Stress 21 Scale and The Multidimensional Scale of Perceived Social Support. Data analysis was done using the descriptive and inferential statistics.

Inclusion Criteria:

- Patients attending OPD of tertiary care mental health setting and diagnosed with somatoform disorder as per ICD 10 criteria
- Patient within 18-60 years of age.
- Patient who can read and write Assamese.

Exclusion Criteria:

- Patients with aggressive behavior and associated with psychotic symptoms.

Result

Table 1: Frequency and percentage distribution of selected socio-demographic variables.

Variables		Frequency (f)	Percentage (%)
Gender	Male	11	21.2%
	Female	41	78.8%
Marital status	Unmarried	3	5.8%
	Married	46	88.5%
	Divorced	2	3.8%
	Widow/Widower	1	1.9%
Religion	Hindu	15	28.8%
	Islam	37	71.2%
Educational status	Primary School	15	28.8%
	Middle School	24	46.2%
	High School	8	15.4%
	Diploma	3	5.8%
	Graduate	1	1.9%
	Professional	1	1.9%
Occupation	Unemployed	6	11.5%
	Business/Self – Employed	6	11.5%
	Home maker	16	30.8%
	Private Services	3	5.8%
	Cultivator	3	5.8%
	Daily Wager	18	34.6%
Domicile	Urban	2	3.8%
	Rural	50	96.2%
Type of Family	Nuclear	33	63.5%
	Joint	18	34.6%
	Extended	1	1.9%
Family History of Mental Ill-ness	Yes	13	25%
	No	39	75%

n = 52

Table 2: Description of selected socio-demographic variables of patients with somatoform disorder in terms of range, mean and standard deviation.

n = 52

Variables	Range		Mean	Standard Deviation
Age (Years)	Minimum	Maximum	39.62	8.336
	21	59		
Monthly Income (Rupees)	6000	35000	14230.77	8604.298

Table 3: Frequency percentage distribution of depression and anxiety of the patients diagnosed with somatoform disorders.

n = 52

Psychological problem		Frequency	Percentage (%)
Depression	Normal	2	3.8%
	Mild	3	5.8%
	Moderate	17	32.7%
	Severe	9	17.3%
	Extremely	21	40.4%
Anxiety	Normal	4	7.7%
	Mild	1	1.9%
	Moderate	9	17.3%
	Severe	10	19.2%
	Extremely	28	53.8%
Stress	Normal	9	17.3%
	Mild	7	13.5%
	Moderate	12	23.1%
	Severe	15	28.8%
	Extremely	9	17.3%

Table 4: Frequency and percentage of perceived social support of the participants

Perceived Social Support		Frequency (f)	Percentage (%)
Significant Other	High Support	31	59.6%
	Moderate Support	12	23.1%
	Low Support	9	17.3%
Family	High Support	30	57.7%
	Moderate Support	17	32.7%
	Low Support	5	9.6%
Friends	High Support	16	30.8%
	Moderate Support	19	36.5%
	Low Support	17	32.7%
Overall Support	High Support	22	42.3%
	Moderate Support	24	46.2%
	Low Support	6	11.5%

n = 52

Table 5: Association of perceived social support of the participants with selected socio-demographic variables

Variables		Overall Support		X ²	Fisher's exact test P value	Df
Religion	Islam	2	35	4.727	.050	1
	Other	4	11			

n = 52

The socio-demographic variables were found independent of perceived social support except for religion which was found to be significantly associated with overall support ($\chi^2 = 4.727$, $p = 0.05$).

Table 6: Correlation between psychological problems with perceived social support of patients diagnosed with somatoform disorders (friends and overall support)

n = 52

Variables	Pearson correlation coefficient (r)	P value	*S/NS at 0.01 Level
Depression	-.027	.849	NS
Friends support			
Anxiety	.090	.524	NS
Friends support			
Stress	.003	.983	NS
Friends support			
Depression	-.027	.852	NS
Overall Support			
Anxiety	0.71	.619	S
Overall Support			
Stress	.081	.567	NS
Overall Support			

None of the perceived social support were found to be co-related with depression and stress. Except for anxiety which showed that there is correlation with the overall support.

Discussion

This study was conducted to assess the psychological and perceived social support among patients with somatoform disorder. The findings showed that majority of the participants were female i.e. 78.8% and married i.e. 88.5%. working as daily wagger i.e. 34.6% belonging to the rural community i.e. 92% with 25% having family history of mental illness. In a study conducted by Ali et al⁸. it was found that majority of the participants were female i.e. 86.7 % with no history of mental illness and in a similar study conducted by Paritala et al.⁵ on assessing the prevalence of somatization symptoms among various sub groups of Indian patients with depression, it was found that majority of the patients were married 75.57% and belonging to the rural domicile 64.12%.

The study also showed that majority of the participants was extremely depressed i.e. 40.4%, 53.8% were extremely anxious, 28.8% were severely stressed. From the clinical experiences, it has been observed that patients with somatoform disorders exhibits a number of physical somatic complaints which can be stressful due to their frequent visits to different hospital settings, as well as it can also cause difficulties

in their day to day life. It has also been found that certain depressive and anxiety features are also seen due to their physical somatic complaints. In a study conducted by Paritala et al.⁵ to assess the prevalence of somatisation symptoms with depression showed that the subjects with diagnosis of depressive disorder exhibited high prevalence of somatisation (56.42%) followed by mixed anxiety depression (51.08%) and depression with somatic symptoms (48.55%).

Majority of the participants expressed high perceived support in significant other i.e. 59.6% and also the support perceived from family i.e. 57.7 and the overall support showed that 46.2% of the participants had moderate support. In a study conducted by Farmar et al.⁶ showed that participants who lived in rural areas reported more openness to seeking social support and a higher quality of life than those who lived in a city or town. In a study conducted by Ali et al.⁸ the findings suggest that in comparison to significant others perceived social support and friends' social support, family perceived social support was higher.

In the study, it was also found that there was significant association of perceived social support with selected discrete socio-demographic variables i.e. religion. In a study conducted by Das et al.⁴ to find the correlation between severity of symptoms and perceived social support in patients with somatoform disorders showed that there is a significant negative correlation between severity of somatic symptoms and perceived social support.

The finding showed that there is correlation between anxiety and perceived social support of the participants with somatoform disorder which implies that individuals who perceive higher levels of social support tend to experience lower levels of anxiety, whereas those with lower perceived support may have higher anxiety. As majority of the participants belonged to the rural area where they perceived moderate to high social support due to their living life styles which is different than the urban area in terms of cohesiveness, approachability and openness among the community settings. In other words, it is important to enhance social support throughout the treatment of the disorder.

Conclusion

The present study was conducted with the aim to assess the psychological problems and perceived social support among patient with somatoform disorder attending OPD of tertiary care mental health setting.

IMPLICATION OF THE STUDY:

The findings of the study have several implications in the field of nursing practice, nursing education, nursing administration and nursing research.

NURSING EDUCATION:

The findings of the current study can be incorporated by the nurse educator in the curriculum to impart knowledge about the disorder. The student nurse learns about somatoform and the psychological problems related with this disorder and the impact of perceived social support to the patients, it will also help them to identify and provide appropriate care according to the patient's need and the interventions necessary.

NURSING PRACTICE:

From the present study, it was found that persons with somatoform disorder are having psychological problems and are unable to use appropriate coping strategies. The study results will help the nurses to formulate the nursing care plan related with the psychological problems and also to enhance the importance of adequate social support throughout the illness and also to utilize it for implementing various interventions for somatoform disorder.

NURSING ADMINISTRATION:

The present findings can be used to organize various training programs for the nurses both in the hospital as well as in the community settings in order to train them with strategies and management which are effective and needed for the care of patients with somatoform disorders.

NURSING RESEARCH:

Findings of the present study may be used as a guide for similar researches, developing conceptual framework for other studies, comparison with different findings and also further research exploration is necessary.

Limitations

The limitations of the study were:

The sample size of the present study was small i.e. 52, though the initial sample size was 100, it had to be reduced due to the Covid-19 pandemic.

Recommendations

1. The same study can be replicated in similar and different settings with larger sample size to validate and generalize the findings of the study.
2. This study can also be conducted among the same population in different setting to assess the psychological problems and perceived social support.
3. An experimental study can be done by incorporating a management plan on psychological problems management among patients with somatoform disorders.

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