

Nature of Interpersonal Relationships among persons with Somatoform Disorders

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Abstract –

Background: Somatization is the expression of emotional and psychosocial distress in the physical language of bodily symptoms. The Thematic Apperception Test is a projective test used to evaluate an individual's patterns of thought, attitudes, and emotional responses to ambiguous pictures. As people come across the various ambiguous pictures they reveal information about themselves, their needs, emotions and expectations of various psychosocial areas of their lives.

Objective: The current study was done to assess the nature of Interpersonal Relationships using Thematic Apperception Test in persons with Somatoform Disorders.

Methodology: Twenty individuals with Somatoform Disorders and twenty healthy individuals were taken as a purposive sample (N=40) and screened through Eyesenck's Series of Digit Span Test, Somatic Symptoms Scale – 8 and Sack's Sentence Completion Test and then assessed on Thematic Apperception Test for evaluating the nature of their Interpersonal Relationships. A cross-sectional research design was used.

Results: Poor Interpersonal Relationships were found to be higher in the individuals with Somatoform Disorders as compared to healthy individuals and the healthy individuals were found to be higher on Good and Satisfactory Interpersonal Relationships. No significant difference was found in the nature of Interpersonal Relationships among both the groups.

Conclusion: The individuals with Somatoform Disorders have poorer interpersonal relationships than the healthy individuals and this information can be utilized in dealing with them in the psychotherapeutic procedure.

Keywords: Somatization, Somatoform Disorders, Psychosocial Distress, Interpersonal Relationships, Projective Test, Thematic Apperception Test.

Introduction

Interpersonal Relationship refers to a bond between two individuals or a close association between individuals who share common interests and goals.

An Interpersonal Relationship can be of the following types –

- Friendship - an unconditional relationship where individuals enter into by their own choice.
- Love - a relationship characterized by passion, intimacy, trust and respect.
- Family - a relationship between individuals related by blood or marriage.
- Professional - a relationship between individuals working together for the same organization or for a same purpose.
- Platonic - a relationship between two individuals without any feelings or sexual desire for each other.

Somatization is the expression of emotional and psychosocial distress in the form of bodily symptoms (Barskey and Klerman, 1983). Lipowsky (1988) defines it as "the expression of psychological distress through physical symptoms, a tendency to experience and communicate somatic distress and symptoms unaccounted for by pathological examinations, to attribute them to physical illness and to ask for medical help. It encompasses a wide range of symptoms referred to various organs of the body".

Somatoform Disorders are marked by constant repeated exhibition of physical symptoms with persistent requests for medical investigations, despite of repeated negative findings and reassurances by doctors that the symptoms have no physical basis (ICD-10, 2006). Even when the onset and continuation of the symptoms have a close relationship with stressful life events or with difficulties or conflicts, the patient usually resists attempts to discuss the possibility of psychological causation; this can even happen in the presence of obvious depressive and anxiety symptoms (Kallivayalil & Punnoose, 2010).

Somatoform disorder also produces clinically significant distress or impairment in social, occupational or other important areas of functioning and can increase health care use (Kallivayalil & Punnoose, 2010).

Somatoform Disorder is observed worldwide, more commonly in women, with initial symptoms appearing by the age of 25. Although typically chronic, milder forms remit in approximately 50% of cases. Comorbid depression, anxiety, and substance use is common. And even personality disorders and childhood abuse have been reported in people with Somatoform Disorders (Smith & Józefowicz, 2012).

Classification of Somatoform Disorders –

- Somatization Disorder

Somatisation disorder is marked by presence of recurrent and multiple, frequently changing physical complaints of several years duration, for which medical care and attention has been sought, but these are actually not due to any physical reason. The disorder usually begins in early adult life and has a chronic but

fluctuating course. ICD-10 has put a minimum duration of 2 years for the diagnosis of this disorder (Chadda, 1999).

- Conversion Disorder

Conversion Disorder is the most common of all the Somatoform Disorders. It is marked by an alteration or loss of some physical function in some body part, which is a result of a psychological conflict or need (Bass & Benjamin, 1993). The symptoms are produced unintentionally and cannot be explained by any pathophysiological examination. The DSM-IV has included this disorder under Somatoform Disorders but ICD-10 categorizes it along with Dissociation Disorders (Chadda, 1999).

- Hypochondriasis

Hypochondriasis is marked by a preoccupation with the fear of having or developing a serious physical illness. The fear is usually the result of unrealistic interpretation of physical signs or sensations as a threat of a disease. The disorder often has a chronic course (Chadda, 1999).

- Pain Disorder

Pain Disorder (or persistent Somatoform Pain Disorder according to ICD-10) is marked by a presence of severe and prolonged pain in some part of the body, for which there is no adequate medical explanation. It is assumed that psychological factors are important in the causation, despite their evidence not being readily apparent in each case (Chadda, 1999).

- Body Dysmorphic Disorder

Body Dysmorphic Disorder is marked by preoccupation with some imagined defect in appearance in a person with completely normal appearance or an extreme concern about a slight physical anomaly. However, the belief is not of an intensity of a delusion (Chadda, 1999).

- Undifferentiated Somatoform Disorder

Undifferentiated Somatoform Disorder consists of patients presenting with lesser number of symptoms or a lesser duration required for the diagnosis of Somatization Disorder, i.e., lesser than 2 years.

- Somatoform Autonomic Dysfunction

Somatoform Autonomic Dysfunction is a diagnostic category which is included only in ICD-10. It is characterized by symptoms relating to organs or systems under autonomic control, e.g., cardiovascular system (cardiac neurosis), gastrointestinal system (gastric neurosis and nervous diarrhoea) and respiratory system (psychogenic hyperventilation and hiccough).

- Somatoform Disorder Not Otherwise Specified

This is a residual category for Somatoform Disorders, which do not meet the criteria for any other Somatoform Disorder.

Prevalence of Somatoform Disorders:

The reported prevalence of Somatoform Disorders ranges from 1 to 4 persons per 1000. Since the patients believe themselves to be medically ill, they report more to the general physicians (Guggenheim and Smith, 1995). It has been reported that the incidence of somatization disorder in general practice is as high as 40% (Hilkwitch, 1985).

In a study of a general hospital setting in India, 644 consecutive patients were screened and 9.32% out of them were found to be somatizing. Somatization disorder patients have been reported to be predominantly females with mean age of 31 years and belonging to lower income and poor educational level families (Hariharan, Ramakrishnan, et al., 1993).

The **Thematic Apperception Test (TAT)** is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous pictures. It was developed during the 1930s by the American psychologist, Henry A. Murray and Psychoanalyst, Christiana D. Morgan at the Harvard Clinic in the Harvard University.

TAT is considered to be effective in eliciting information about a person's view of the world and his or her attitudes toward the self and others. As people responding to the TAT come across various ambiguous pictures and tell stories about the themselves, they reveal their expectations of relationships with peers, parents or other authority figures, family members, co-workers and possible romantic partners. It is frequently used for research into specific aspects of human personality, most often their needs like achievement, affiliation, succorance, etc., fear of failure, hostility and aggression, and interpersonal object relations, which is the way people internalize their relationships with others and the emotional aspect of their relationships.

Schulte & Petermann (2011) identified that the putative familial risk factors for the development of somatoform disorders are somatization of parents, dysfunctional family environment, and traumatic experiences in childhood and insecure attachment. Thus, it becomes necessary to identify the nature of interpersonal relationships which individuals with Somatoform Disorders have and the Thematic Apperception Test is the appropriate tool to do so, as it investigates a variety of different topics regarding interpersonal relationships, including the extent to which people are emotionally involved in relationships with others; their ability to understand the complexities in human relationships; the ability to distinguish between their viewpoint on a situation and the perspectives of others involved.

Methodology

Aim: -The aim of the present study is to assess the nature of Interpersonal Relationships in individuals with Somatoform Disorders using Thematic Apperception Test.

Objectives:

1. To assess the nature of Interpersonal Relationships among individuals with Somatoform Disorders (as per ICD-10, DCR).
2. To compare the nature of Interpersonal Relationships among individuals with Somatoform Disorders (as per ICD-10, DCR) and non-clinical control group.

Hypotheses:

1. There will be no prominent nature of Interpersonal Relationships found among individuals with Somatoform Disorders.
2. There will be no significant difference between the nature of Interpersonal Relationships among individuals with Somatoform Disorders and non-clinical control group.

Venue of the Study:

The study was conducted at the following places –

- Nai Subah OPD, Khanav, Varanasi
- Department of Ayurveda, Sir Sunder Lal Hospital, BHU, Varanasi.

Research Design:

The present study is a clinical study in which cross-sectional research design was used.

Sampling technique:

To select the sample, purposive sampling technique was used in this study.

Sample size:

For present study 40 participants were selected out of which 20 participants were those diagnosed with Somatoform Disorders according to ICD-10, DCR and meeting inclusion and exclusion criteria of the clinical population and 20 participants were taken who were without any mental illness, meeting the inclusion and exclusion criteria of the non-clinical population selected from the two different venues stated above.

Inclusion criteria:

For Clinical Population –

- Individual diagnosed with Somatoform Disorders according to ICD-10, DCR.
- Age range between 18 to 50 years.
- Both sexes.
- Educated up to 8th Grade.
- Those who gave the informed consent.
- Those who scored a total of 8 in Eyesenck's Series of Digit Span Tests.
- Those who scored 8 and above in Somatic Symptoms Scale – 8.

For Non-Clinical Population –

- Individuals without any mental illness.
- Age range between 18 to 50 years.
- Both sexes.
- Educated up to 8th Grade.
- Those who gave the informed consent.
- Those who scored below 3 on General Health Questionnaire – 12.
- Those who scored a total of 8 in Eyesenck's Series of Digit Span Tests.

Exclusion criteria:

1. Individuals having organic illness and mental retardation.
2. Individuals with substance dependence.

Tools used:

- Semi-structured socio-demographic and clinical data sheet.
- Consent form

➤ **Screening Tools:**

- Somatic Symptoms Scale - 8
- General Health Questionnaire - 12
- Eyesenck's Series of Digit Span Test

➤ **Test Tools:**

- Sack's Sentence Completion Test

- Thematic Apperception Test

Procedure:

Participants from both clinical and non-clinical groups were selected for the study from the above mentioned venues. The clinical population were checked for the diagnosis of Somatoform Disorders using the Clinical Interviewing, Somatic Symptoms Scale - 8 and ICD-10, DCR. Only the patients with the scores above 8 on the Somatic Symptoms Scale – 8 were considered for the study. Diagnosed patients of Somatoform Disorders were assessed for the inclusion and exclusion criteria of the study through the Structured Socio-Demographic Data Sheet and those who gave the consent were selected for the study. And the non-clinical population was screened through the General Health Questionnaire – 12 and only those with the score of 3 or less in the questionnaire were selected and assessed for the inclusion and exclusion criteria of the study through the Structured Socio-Demographic Data Sheet and those who gave the consent were selected for the study. After initial selection procedure, the Eyesenck's Series of Digit Span Test was applied to assess the attention and concentration of both the groups for the testing procedure, participants with a score of 8 and above were considered for the assessment. After that the Sack's Sentence Completion Test was applied on them and then according to the conflict areas found in the Sack's Sentence Completion Test, they were given 10 cards each from the Thematic Apperception Test. After data collection from the subjects, the data was interpreted and evaluated for the above mentioned hypotheses using SPSS.

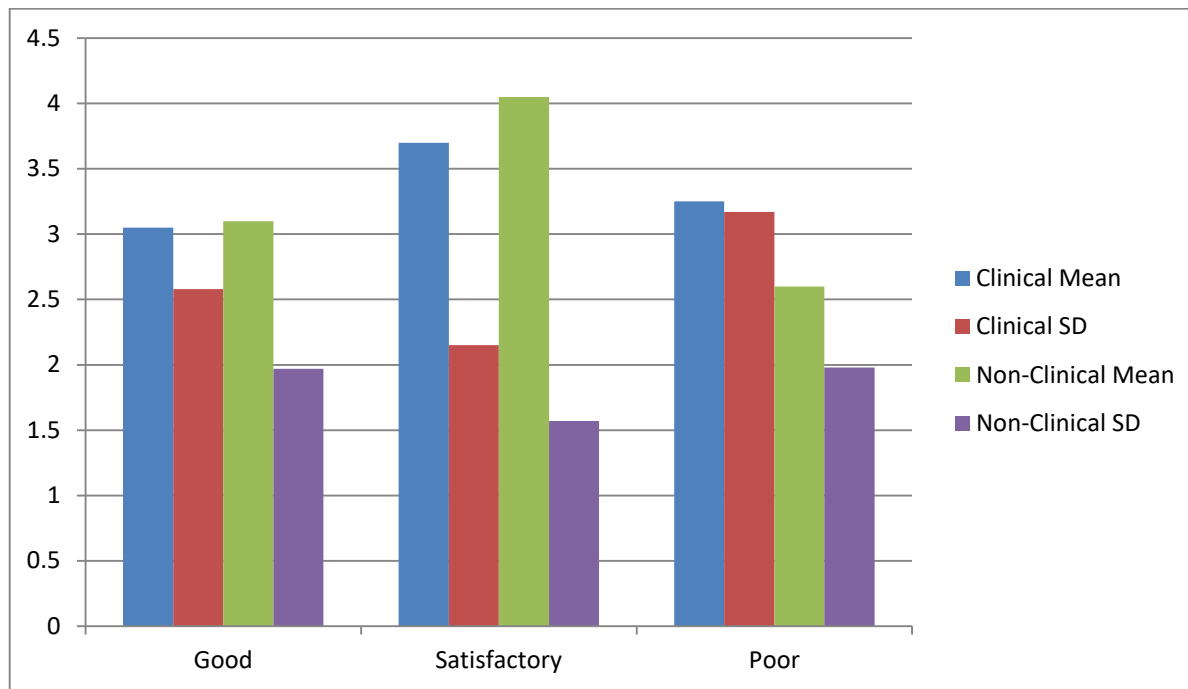
Statistical Analysis:

Mean and Standard Deviation were used to assess the predominant nature of Interpersonal Relationships among the individuals with Somatoform Disorders and Independent samples t-test was used to assess the difference between the nature of Interpersonal Relationships found in the clinical and non-clinical groups.

Results

Table 1: Indicating the Mean and Standard Deviation of the Interpersonal Relationship among the Clinical and Non-Clinical Groups.

Variable	Sample Type			
	Clinical		Non-Clinical	
	Mean	SD	Mean	SD
Good	3.05	2.58	3.10	1.97
Satisfactory	3.70	2.15	4.05	1.57
Poor	3.25	3.17	2.60	1.98



The Mean of the nature of 'Interpersonal Relations' assessed through the Thematic Apperception Test on a sample of twenty individuals with Somatoform Disorders and twenty non-clinical healthy individuals, shows that the clinical group has lesser 'Good Interpersonal Relationships' (Mean = 3.05, SD = 2.58) than the non-clinical group (Mean = 3.10, SD = 1.97); the clinical group has lesser 'Satisfactory Interpersonal Relationships' (Mean = 3.70, SD = 2.15) than the non-clinical group (Mean = 4.05, SD = 1.57); and the clinical group has more 'Poor Interpersonal Relationships' (Mean = 3.25, SD = 3.17) than the non-clinical group (Mean = 2.60, SD = 1.98).

Table 2: Indicating the difference in the nature of Interpersonal Relationship between the Clinical and Non-Clinical Groups.

Variable	Sample Type				t-value	p-value
	Clinical		Non-Clinical			
	Mean	SD	Mean	SD		
Good	3.05	2.58	3.10	1.97	-.06	.94
Satisfactory	3.70	2.15	4.05	1.57	-.58	.56
Poor	3.25	3.17	2.60	1.98	.77	.44

Independent samples t-test was used to assess the difference in the nature of Interpersonal Relationships between the clinical and the non-clinical group. The analysis of samples in Table 2 shows that there was no significant difference found in 'Good Interpersonal Relationship' (t-value = -.06) among the two groups; no significant difference was found in 'Satisfactory Interpersonal Relationship' (t-value = -.58) among the two groups; and no significant difference was found in 'Poor Interpersonal Relationship' (t-value = .77) among the two groups.

Discussion

As it is evident from the 'Table 1' that the individuals with Somatoform Disorders are high on 'Poor Interpersonal Relationships' and the healthy individuals are higher on 'Good Interpersonal Relationships' and 'Satisfactory Interpersonal Relationships' than the Somatoform group, the Hypothesis 1 of the study which states that "There will be no prominent nature of Interpersonal Relationships found among individuals with Somatoform Disorders" is rejected.

As it is evident from the 'Table 2' that there is no significant difference between 'Good', 'Satisfactory' and 'Poor' Interpersonal Relationships between the individuals with Somatoform Disorders and the group of healthy individuals, the Hypothesis 2 of the study which states that "There will be no significant difference between the nature of Interpersonal Relationships among individuals with Somatoform Disorders and non-clinical control group" is accepted.

Conclusion

The individuals with Somatoform Disorders have poorer interpersonal relationships than the healthy individuals. This information can be utilized in dealing with the individuals with Somatoform Disorders in the psychotherapeutic procedure.

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