International Journal of Health Sciences and Research
Vol.10; Issue: 5; May 2020
Website: www.ijhsr.org
Original Research Article *ISSN: 2249-9571*

Dominating Feelings and Emotions among persons with Somatoform Disorders

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ABSTRACT

The aim of the current study was to assess the dominating feelings and emotions in persons with Somatoform Disorders using Thematic Apperception Test. Twenty individuals with Somatoform Disorders and twenty healthy individuals were taken as a purposive sample (N=40) and screened through Somatic Symptoms Scale – 8 and then assessed on Thematic Apperception Test. A cross-sectional research design was used and the results indicated a significant difference in the feelings and emotions of Anxiety, Confidence, Fear, Dejection and Pity among both the groups. It was concluded with the results that feelings and emotions of Anxiety, Jealousy, Inferiority, Fear, Dejection, Anger and Pity predominate in the persons with Somatoform Disorders and they are lower on feelings and emotions of Love and Affection, Confidence and Independence as compared to the healthy individuals. Thus, working on identifying and dealing with these emotions in the psychotherapeutic sessions can be beneficial for the people with Somatoform Disorders.

Keywords: Somatoform Disorders; Emotional Distress; Feelings; Emotions; Projective Test; Thematic Apperception Test

INTRODUCTION

Emotions can be described as a feeling comprising physiological, behavioural and cognitive reactions to internal and external events (Sternberg, 1995).

Feelings are mental experiences of body states, which arise as the brain interprets emotions, which themselves result from the body's responses to external stimuli.

Somatization is the expression of emotional and psychosocial distress in the physical language of bodily symptoms (Barskey and Klerman, 1983). Lipowsky (1988) defines it as "the expression of emotional and 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 seek medical help. It encompasses a wide range of symptoms referred to various organs of the body".

Somatoform Disorders are marked by 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. Comorbid depression, anxiety, and substance use is common. And even personality disorders and childhood abuse have been reported in people with Somatoform Disorders. Difficulty with prior physicians and a record of repeated workup including exploratory surgery are common with such population (Smith & Józefowicz, 2012).

It is assumed that somatizing tendency is expressed in response to psychosocial stress brought about by life events and situations that are personally stressful to the individual. The somatizing persons do not recognize a causal link between their distress and its actual source. They respond to their distress primarily in a physical rather than a psychological mode and tend to attribute their symptoms as indicative of physical illness which requires medical attention.

Classification of Somatoform Disorders –

- Somatization Disorder

Somatization 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 (Guggenhein 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.

Research into object relations using the TAT investigates a variety of different topics, including the extent to which people are emotionally involved in relationships with others; their ability to understand the complications in human relationships; the ability to distinguish between their viewpoint on a situation and the perspectives of others involved; the ability to control aggressive impulses; self-esteem issues; and issues of personal identity, which makes it the appropriate tool to be used in the current study to look out for the Feelings and Emotions which predominate in the individuals with Somatoform Disorders.

METHODOLOGY

Aim:

The aim of the present study is to assess the dominating feelings and emotions in individuals with Somatoform Disorders using Thematic Apperception Test.

Objectives:

1. To assess the dominating feelings and emotions among individuals with Somatoform Disorders (as per ICD-10, DCR).
2. To compare the dominating feelings and emotions among individuals with Somatoform Disorders (as per ICD-10, DCR) and non-clinical control group.

Hypotheses:

1. There will be no prominent dominating feelings and emotions found among individuals with Somatoform Disorders.
2. There will be no significant difference between the dominating feelings and emotions 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 is 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 –

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

For Non-Clinical Population –

1. Individuals without any mental illness.
2. Age range between 18 to 50 years.
3. Both sexes.
4. Educated up to 8th Grade.
5. Those who gave the informed consent.
6. Those who scored below 3 on General Health Questionnaire – 12.
7. 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

Description of Tools:

Socio Demographic and Clinical Data Sheet

Socio demographic details includes age, gender, educational status, marital status, employment, domicile, religion, monthly income, type of family, diagnosis, and duration of illness, etc.

Somatic Symptoms Scale – 8

The Somatic Symptom Scale - 8 (SSS-8) is a brief self-report questionnaire used to assess the perceived burden of common somatic symptoms. The SSS-8 includes symptoms like stomach or bowel problems, back pain, pain in arms, legs, or joints, headaches, chest pain or shortness of breath, dizziness, feeling tired or having low energy and trouble sleeping.

General Health Questionnaire – 12

The General Health Questionnaire (GHQ) was developed by Goldberg in the 1970s, it is a measure of current mental health.

Eyesenck's Series of Digit Span Test

The Eyesenck's Series of Digit Span Test is used to assess the attention and concentration of the subject to know whether he or she is fit to take up the assessment procedure or not. A minimum score of '8' must be achieved by the subject to be able to proceed for the further assessment procedure.

Sack's Sentence Completion Test

The Sacks Sentence Completion Test (SSCT) was developed by Sacks and Levy in 1950. It is a 60-item completion projective test that asks respondents to complete 60 questions with the first thing that comes to mind across four areas: Family, Sex, Interpersonal, Relationships and Self concept. Its interpretation gives out conflict areas in various sub-domains, which further helps the examiner in choosing the themes of the Thematic Apperception Test to be given to the subject.

Thematic Apperception Test

The Thematic Apperception Test (TAT) is a projective test which was developed in 1935 by the American psychologist, Henry A. Murray and Psychoanalyst, Christiana D. Morgan at the Harvard Clinic in the Harvard University. The test contains 31 pictures including one blank card. On each picture the subject is asked to make a story which in turn helps the examiner in assessing the subject's

needs, drives, emotions and sentiments, as well as their interaction among themselves and with social environment. It also reveals their underlying inhibited tendencies.

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.

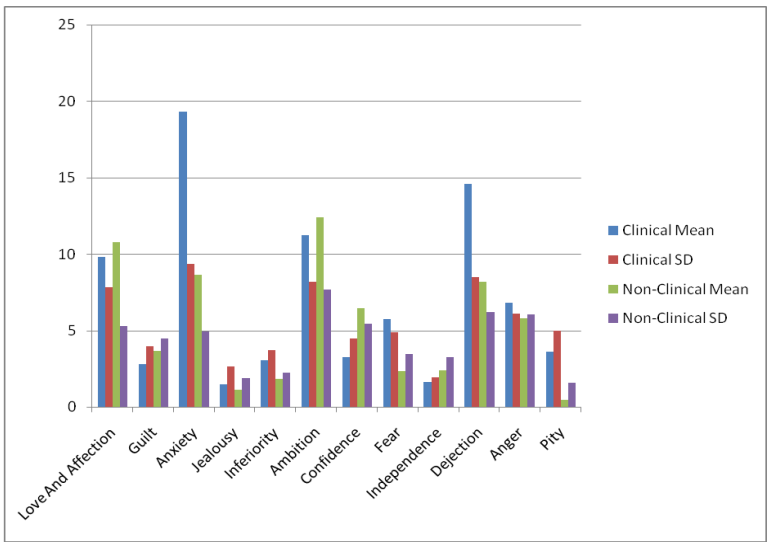
Statistical Analysis:

Mean and Standard Deviation were used to assess the predominant Feelings and Emotions among the individuals with Somatoform Disorders and Independent samples t-test was used to assess the difference between the levels of Feelings and Emotions found in the clinical and non-clinical groups. The data was analysed through Statistical Package for the Social Sciences (IBM SPSS Statistics version).

RESULTS

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

Variable	Sample Type			
	Clinical		Non-Clinical	
	Mean	SD	Mean	SD
Love And Affection	9.80	7.84	10.75	5.26
Guilt	2.80	3.98	3.65	4.46
Anxiety	19.30	9.36	8.65	4.93
Jealousy	1.45	2.62	1.10	1.86
Inferiority	3.05	3.72	1.85	2.25
Ambition	11.25	8.19	12.40	7.67
Confidence	3.25	4.45	6.45	5.43
Fear	5.75	4.89	2.35	3.45
Independence	1.65	1.92	2.40	3.23
Dejection	14.60	8.49	8.20	6.20
Anger	6.80	6.10	5.80	6.04
Pity	3.60	4.98	.45	1.60



The Mean of all the 'Feelings and Emotions' assessed through the Thematic Apperception Test on a sample of twenty individuals with Somatoform Disorders and twenty non-clinical healthy individuals, shows that 'Love and Affection' is found to be lesser in the clinical group (Mean = 9.80, SD = 7.84) than the non-clinical group (Mean = 10.75, SD = 5.26); 'Guilt' is found to be lesser in the clinical group (Mean = 2.80, SD = 3.98) than the non-clinical group (Mean = 3.65, SD = 4.46); 'Anxiety' is found to be much greater in the clinical group (Mean = 19.30, SD = 9.36) than the non-clinical group (Mean = 8.65, SD = 4.93); 'Jealousy' is found to be greater in the clinical group (Mean = 1.45, SD = 2.62) than the non-clinical group (Mean = 1.10, SD = 1.86); 'Inferiority' is found to be greater in the clinical group (Mean = 3.05, SD = 3.72) than the non-clinical group (Mean = 1.85, SD = 2.25); 'Ambition' is found to be lesser in the clinical group (Mean = 11.25, SD = 8.19) than the non-clinical group (Mean = 12.40, SD = 7.67); 'Confidence' is found to be much lesser in the clinical group (Mean = 3.25, SD = 4.45) than the non-clinical group (Mean = 6.45, SD = 5.43); 'Fear' is found to be much greater in the clinical group (Mean = 5.75, SD = 4.89) than the non-clinical group (Mean = 2.35, SD = 3.45); 'Independence' is found to be lesser in the clinical group (Mean = 1.65, SD = 1.92) than the non-clinical group (Mean = 2.40, SD = 3.23); 'Dejection' is found to be much greater in the clinical group (Mean = 14.60, SD = 8.49) than the non-clinical group (Mean = 8.20, SD = 6.20); 'Anger' is found to be greater in the clinical group (Mean = 6.80, SD = 6.10) than the non-clinical group (Mean = 5.80, SD = 6.04); and 'Pity' is found to be much greater in the clinical group (Mean = 3.60, SD = 4.98) than the non-clinical group (Mean = .45, SD = 1.60).

Table 2: Indicating the difference in the levels of Feelings and Emotions between the Clinical and Non-Clinical Groups.

Variable	Sample Type				t-value	p-value
	Clinical		Non-Clinical			
	Mean	SD	Mean	SD		
Love and Affection	9.80	7.84	10.75	5.26	-.45	.65
Guilt	2.80	3.98	3.65	4.46	-.63	.52
Anxiety	19.30	9.36	8.65	4.93	4.50**	.00
Jealousy	1.45	2.62	1.10	1.86	.48	.62
Inferiority	3.05	3.72	1.85	2.25	1.23	.22
Ambition	11.25	8.19	12.40	7.67	-.45	.64
Confidence	3.25	4.45	6.45	5.43	-2.03*	.04
Fear	5.75	4.89	2.35	3.45	2.53*	.01
Independence	1.65	1.92	2.40	3.23	-.89	.37
Dejection	14.60	8.49	8.20	6.20	2.72*	.01
Anger	6.80	6.10	5.80	6.04	.52	.60
Pity	3.60	4.98	.45	1.60	2.68*	.01

(*Significant at .05 level, **Significant at .01 level)

Independent samples t-test was used to assess the difference in the levels of various Feelings and Emotions between the clinical and the non-clinical group. The analysis of samples in Table 2 shows that there was no significant difference found in the levels of 'Love and Affection' (t-value = -.45) among the two groups; no significant difference was found in the levels of 'Guilt' (t-value = -.63) among the two groups; a significant difference was found in the levels of 'Anxiety' (t-value = 4.50) at .01 level of significance among the two groups; no significant difference was found in the levels of 'Jealousy' (t-value = .48) among the two groups; no significant difference was found in the levels of 'Inferiority' (t-value = 1.23) among the two groups; no significant difference was found in the levels of 'Ambition' (t-value = -.45) among the two groups; a significant difference was found in the levels of 'Confidence' (t-value = -2.03) at .05 level of significance among the two groups; a significant difference was found in the levels of 'Fear' (t-value = 2.53) at .05 level of significance among the two

groups; no significant difference was found in the levels of 'Independence' (t-value = -.89) among the two groups; a significant difference was found in the levels of 'Dejection' (t-value = 2.72) at .05 level of significance among the two groups; no significant difference was found in the levels of 'Anger' (t-value = .52) among the two groups; and a significant difference was found in the levels of 'Pity' (t-value = 2.68) at .05 level of significance among the two groups.

DISCUSSION

As it is evident from the 'Table 1' that the feelings and emotions of Anxiety, Jealousy, Inferiority, Fear, Dejection, Anger and Pity predominate in the sample of individuals with Somatoform Disorders when compared with a group of healthy individuals, the Hypothesis 1 of the study which states that "There will be no prominent dominating feelings and emotions found among individuals with Somatoform Disorders" is rejected.

As it is evident from the 'Table 2' that a significant difference exists in the feelings and emotions of Anxiety, Confidence, Fear, Dejection and Pity 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 dominating feelings and emotions among individuals with Somatoform Disorders and non-clinical control group" is rejected.

CONCLUSION

The feelings and emotions of Anxiety, Jealousy, Inferiority, Fear, Dejection, Anger and Pity predominate in the persons with Somatoform Disorders. People with Somatoform Disorders are lower on feelings and emotions of Love and Affection, Confidence and Independence as compared to the healthy individuals. Thus, working on identifying and dealing with these emotions in the psychotherapeutic sessions can be beneficial for the people with Somatoform Disorders.

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How to cite this article: Gupta S, Anuradha M. Dominating feelings and emotions among persons with somatoform disorders. Int J Health Sci Res. 2020; 10(5):71-78.

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