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A Study of Stress, Coping and Personality in Somatoform Disorder

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Abstract: ***Background: A cross - sectional, observational study including sample size of 100 patients diagnosed as case of Somatoform disorder as per DSM - 5 with study duration of 5 months. Present study attempts to identify the role of stress, various coping strategies adopted by the individual to cope with stress and personality traits affecting above two factors in patients of Somatoform disorder. Material and method: Patients diagnosed as Somatoform disorder as per DSM - 5 were evaluated using these tools - Subscales of the Coping Strategy Inventory, Perceived Stress Scale, The Personality Inventory for DSM - 5 Brief form. Results and Conclusion: Maximum patients reported presence of acute stressor, reported high perceived stress score, emotion focused disengagement was seen as pre - dominant coping strategy. Negative affect was the predominant personality trait.***

Keywords: Coping strategy, personality, somatoform disorder

1. Introduction

Somatic symptom disorder, also known as hypochondriasis, is characterized by 6 or more months of a general and non - delusional preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms. This preoccupation causes significant distress and impairment in one's life; it is not accounted for by another psychiatric or medical disorder.1

We review the literature on the relationship between somatoform disorders and personality disorders, which reveals that approximately two in three patients with a somatoform disorder meet criteria for a personality disorder.2 Extreme stress experienced early in life, can compromise stress - responsive bodily systems.3

Stress and personality factors constitute the diathesis for the causation of many illnesses. It is also associated with Coping skills.

Somatoform disorder is associated with psychosomatic symptoms and have uncertain etiology.

Clinical experience and research findings from the studies done on this disorder independently also suggest that somatoform disorder share some vulnerability factors such as dissociative experience, personality traits, illness behaviour, and alexithymia, and that stress (e. g. sexual and physical abuse) may be important in the formation of the disorder.4 - 6

Aim

To study the level of stress, coping strategies and personality characteristics in patients of somatic symptom disorder.

2. Material and Methods

1) **Coping Strategies Inventory**[7]is a 72 - item (32 item brief form) self report questionnaire designed to asses thoughts and behaviours in response to a specific stressor. CSI Subscales -
   Primary subscales - problem solving, cognitive restructuring, social support, express emotions, problem avoidance, wishful thinking, social withdrawal. Higher order subscales - problem focused & emotion focused engagement, problem focused & emotion focused disengagement.
2) **Perceived Stress Scale (PSS)** [8] - to measure the perception of stress. The scale includes a number of direct queries about current levels of experienced stress. The questions in PSS ask about feelings and thoughts during the last month.
3) **The Personality Inventory for DSM - 5 Brief Form (PID - 5 - BF)** [9] - to measure specific domains of personality. it assesses 5 personality trait domains
   - Negative affect
   - Detachment
   - Antagonism
   - Disinhibition
   - Psychoticism

Statistical analysis plan -

The data was collected, compiled and analysed using EPI info (version 7.2). The qualitative variables were expressed in terms of percentages.

3. Observations and Results

Table 1 shows majority of patients (42%) were in the age group 21 to 30 years, while the least number of patients (12%) were in the age group 41 years and above. The mean is 28.18 and SD is 10.89.

Table 2 shows that majority of patients (90%) were females.
Table 3 shows that majority of patients are Married (46%) and Unmarried (44%)

Variables		Number of Patients	Percentage (%)
1) Age (in years)	18 to 20	28	28
	21 to 30	42	42
	31 to 40	18	18
	41 ≤	12	12
	Total	100	100
2) Gender	Male	10	10
	Female	90	90
	Total	100	100
3) Marital status	Unmarried	44	44
	Married	46	46
	Divorced	6	6
	Widowed	4	4
	Total	100	100

Table 4 shows that majority (52%) patients were from Urban area
Table 5 shows that majority of patients (48%) were educated upto higher secondary level
Table 6 shows that majority of patients were students (36%) followed by housewives (30%)

Variables		Number of patients	Percentage (%)
1) Residence	Urban	52	52
	Rural	48	48
	Total	100	100
2) Education	Illiterate	4	4
	Primary	10	10
	Secondary	18	18
	Higher secondary	48	48
	Graduate	20	20
	Total	100	100
3) Occupation	Housewife	30	30
	Laborer	18	18
	Student	36	36
	Service	16	16
	Total	100	100

Table 7 shows that majority of patients (60%) were Hindu by religion

Table 8 shows that majority of patients (76%) had nuclear family

Table 9 shows that precipitating factors was present in (88%) patients

Table 10 shows that 72% patients had high perceived stress score (i. e.20 and above)

Variables		Number of patients	Percentage (%)
1) Religion	Hindu	60	60
	Muslim	12	12
	Buddhism	20	20
	Other	8	8
	Total	100	100
2) Family structure	Joint	24	24
	Nuclear	76	76
	Total	100	100
3) Precipitating factors	Yes	88	88
	No	12	12
	Total	100	100
4) Perceived Stress Score	Below 20	28	28
	20 and above	72	72
	Total	100	100

Co - relation of Personality Inventory for DSM - 5 with Perceived Stress Score and Coping Strategy Inventory

Personality Inventory for DSM - 5	Perceived Stress Score		p value
	Below 20 (n=32)	20 ≤ (n=76)	
Negative Affect	06 (17.65%)	28 (82.35%)	0.06
Detachment	16 (53.34%)	14 (46.66%)	0.0008*
Antagonism	02 (12.50%)	14 (87.50%)	0.1
Disinhibition	08 (36.36%)	14 (63.64%)	0.4
Psychoticism	00 (00%)	06 (100%)	0.1

Personality Inventory for DSM - 5	Coping Strategies Inventory				p value
	PFE (n=12)	EFE (n=14)	PFD (n=48)	EFD (n=60)	
Negative Affect	02 (05.80%)	00 (00%)	14 (41.17%)	24 (70.50%)	0.01*
Detachment	02 (06.66%)	02 (06.66%)	10 (33.33%)	22 (73.33%)	0.13
Antagonism	02 (12.50%)	08 (50%)	08 (50%)	06 (37.50%)	0.00062*
Disinhibition	04 (18.18%)	04 (18.18%)	14 (63.63%)	06 (27.27%)	0.00023*
Psychoticism	02 (33.33%)	00 (00%)	02 (33.34%)	02 (33.33%)	0.17

Co - relation of Coping Strategy Inventory with Perceived Stress Score

Coping Strategy Inventory	Perceived Stress Score		p value
	Below 20 (n=36)	20 ≤ (n=88)	
Problem focused engagement	04 (33.33%)	08 (66.67%)	0.7
Emotion focused engagement	06 (42.85%)	08 (57.15%)	0.22
Problem focused disengagement	14 (31.82%)	30 (68.18%)	0.61
Emotion focused disengagement	12 (22.22%)	42 (77.78%)	0.14

This table shows that patients having high perceived stress score (i. e. score 20 and above) were more (77.78%) in patients having emotion focused disengagement.

4. Conclusion

1) Somatic symptom disorder patients were found in higher number in age group of 21 - 30 years. Majority of patients were females, married, residents of urban area and were from higher secondary education group. Majority of patients were students. Maximum patients belonged to Hindu religion and had nuclear families.

2) Maximum patients reported presence of acute stressor as a precipitating factor.
3) Maximum patients reported high perceived stress score.
4) EFD was the predominant coping strategy.
5) Negative affect was the predominant personality trait.
6) Co - relation of low perceived stress score and Detachment personality trait was significant while no co - relation of other personality traits with perceived stress has been found.
7) Maximum patients with negative affect showed EFD as their predominant coping strategy, antagonism in PFD and EFD, disinhibition in PFD.
8) No significant co - relation with found between perceived stress score and coping strategy.

5. Limitations

1) Primarily this is a tertiary care, single centre work with small sample size because of which it lacks extrapolation to the community at large.
2) As it's a cross sectional, descriptive study, it lacks follow - up for future outcomes.
3) The correlational nature of the study also means it is difficult to determine the direction of the relationship. It is possible that the presence of psychological distress can lead to more maladaptive personalities and coping styles rather than the other way around.
4) The study uses self - reported measures as tools; all the limitations of self - reported measures are applicable to the study.

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