

Original Article



Effects of Stressful Life Events on Somatoform and Dissociative Disorders

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Abstract

Background: Somatoform and dissociative disorder categories have emerged from a common root, there was no apparent anatomical and physiological basis and which had a temporal relationship to a precipitating event. **Objectives:** To evaluate and compare of stressful life events of the patients of somatoform disorders and dissociative disorders. **Materials and methods:** This was a comparative cross-sectional study carried out in the outpatient department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajganj. The study populations were 100 somatoform disorder and 100 dissociative disorder patients. Data were collected by pre-designed data collection sheet. Then data were edited, cleaned and analyzed. **Results:** Stressful life events were observed to be significantly more frequent in both the groups. Family conflicts (29%) and sexual problem (16%) were more common in the somatoform disorder group of patients but marital conflict (26%) and death of the close family member (11%) were more common in the dissociative disorder group of patients. This study shows that dissociative disorder patients were observed to experience a variety of life events more than somatoform disorder group of patients. **Conclusion:** The stressful life events were reported more in dissociative disorder. The results suggest a substantial involvement of stressful life events in genesis of somatoform disorders and dissociative disorders, although no significant difference is noticed.

Key words: Stressful life event, Somatoform, Dissociate, Disorder.

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Introduction

Stressful life events (SLE) are part of the fabric of daily existence and often produce disorganized emotional, cognitive and physiological functioning. Daily hassles, chronically stressful situations may play a role in experiencing stress by individual. In general practice, it is found that somatic symptoms, such as fatigue, chest pain, headache are extremely common complaints by the patient. Many people are unaware of their emotional feelings but are more perceptive of bodily changes that accompany psychiatric illness. Somatization is an important problem in primary care.¹

Somatoform and dissociative disorder categories have emerged from a common root– hysteria, a diagnosis given to a group of patients who presented with for which there was no apparent anatomical or physiological basis and which had a temporal relationship to a precipitating event. Clinical experience and research findings from the studies done on these two disorders

independently also suggest that somatoform and dissociative disorders 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 both disorders.²

Somatoform disorders represent a group of disorders characterized by physical symptoms suggesting a medical disorder. However, somatoform disorders represent a psychiatric condition because the physical symptoms present in the disorder cannot be fully explained by a medical disorder, substance use, or another mental disorder.³

The Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) includes a specific category for somatic symptoms related to psychiatric origins called the somatoform disorders. Specific somatoform disorders include, somatization disorder, conversion disorder, pain disorder, hypochondriasis, and body dysmorphic disorder.^{3,4}

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Dissociative disorders are a group of psychiatric syndromes characterized by disruptions of aspects of consciousness, identity, memory, motor behavior, or environmental awareness. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) includes 4 dissociative disorders and one category for atypical dissociative disorders. These include dissociative amnesia (DA), dissociative identity disorder (DID), dissociative fugue, depersonalization disorder, and dissociative disorder not otherwise specified (DDNOS).^{5,6}

In Bangladesh, most of the people are in economically disadvantage position, have low literacy level and lives in rural areas. Most families live as extended family with strong bondage among family members. As it is a male-dominant society, women become frequently the victims of physical, sexual and emotional abuse. Psychosocial adversity is commoner in working class subjects. Therefore, the proposed study has been designed to find out the stressful life events associated with these disorders, also to compare the sociodemographic variables between dissociative disorder and somatoform disorder.

Materials and methods

This study was a comparative cross sectional study carried out at the outpatient department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajganj during the period from January 2021 to December 2021. 100 somatoform disorder and 100 dissociative disorder patients were included in this study. Data were collected into predesigned data collection sheet. Presumptive Stressful Life Events Scale was used to look stressful life events. Data were edited and cleaned by re-checking inconsistent and irrelevant information. Data were analyzed by using statistical package for social science (SPSS) for windows version 25 and by chi-square test. Significant p value were <0.05.

Results

Maximum of the participants were age group of 21-40 years between two groups whereas 81% had somatoform and 61% had dissociative disorders. Majority of the patients were female (89%) in somatoform disorders and 92% in dissociative disorders. (Table-I)

Table-II shows 6% reported death of spouse in somatoform disorders and 8% reported death of spouse in dissociative disorders. It was observed that no divorce in somatoform disorders and 4% were divorced in dissociative disorders. 21% had marital conflict in somatoform disorders and 26% had marital conflict in dissociative disorders. It was observed that no broken engagement was found in somatoform disorders and 7% had broken engagement in dissociative disorders. Financial loss or problem was more in somatoform disorders (13%) than dissociative disorders (8%). 16% had sexual problem in somatoform disorders and 4% had sexual problem in dissociative disorders. 12% took large loan in somatoform disorders and 3% took large loan in dissociative disorders. 29% had family conflict in somatoform disorder and 21% had family conflict in dissociative disorders. 10% were failed in examination in somatoform disorders and 9% were failed in examination in dissociative disorders.

Table I: Demographic characteristics of Participants

Characteristics	Group I (n=100)		Group II (n=100)		P value
	No	%	No	%	
Age in years					
Upto 20	13	13	32	32	0.066
21-40	81	81	61	61	
>40	6	6	7	7	
Mean±SD	29.88±7.60		27.76±8.58		
Sex					
Male	11	11	8	8	0.469
Female	89	89	92	92	

Data were analyzed using chi-square test

Group I: Somatoform disorder
Group II: Dissociative disorder

Table II: Stressful life events of Group I & II

Stressful life events	Group I (n=100)		Group II (n=100)		P value
	No	%	No	%	
Death of spouse	6	6	8	8	0.269
Divorce	0	00	4	4	0.044
Lack of child	1	1	4	4	0.175
Death of the close family members	1	1	11	11	0.003
Marital conflict	21	21	26	26	0.341
Broken engagement or love affairs	0	00	7	7	0.004
Major personal injury or illness	0	00	5	5	0.024
Financial loss or problem	13	13	8	8	0.194
Illness of family members	1	1	7	7	0.013
Pregnancy of wife (wanted or unwanted)					
Expected	0	00	1	1	0.034
Unexpected	1	1	7	7	
Not applicable	99	99	92	92	
Sexual problem	16	16	4	4	0.002
Large loan	12	12	3	3	0.035
Family conflict	29	29	21	21	0.184
Failure in exam	10	10	9	9	0.647
Appe aring for examination or interview	0	00	3	3	0.081
Getting married or engaged	0	00	6	6	0.013
Gain of a new family member	0	00	5	5	0.024

Data were analyzed using chi-square test

Group I: Somatoform disorder
Group II: Dissociative disorder

Discussion

This study found that maximum of the patients were in the age group of 21-40 years, where 81% had somatoform disorders and 61% had dissociative disorders. The average age was 29.88 ± 7.60 years in somatoform disorder and 27.76 ± 8.58 years in dissociative disorder. Similar study carried out by Ammati et al.¹ they found the mean age was 36.6 (± 9.63) years.

This study shows majority of the patients were female between two groups, where 89% had somatoform disorders and 92% had dissociative disorders. This findings are consistent with Ammati et al.¹ they found majority were female.

This study shows that 6% reported death of spouse in somatoform disorders and 8% reported death of spouse in dissociative disorders. It was observed that no divorcee was found in somatoform disorders and 4% had divorce in dissociative disorders. 21% had marital conflict in somatoform disorders and 26% had marital conflict in dissociative disorders. It was observed that no broken engagement was found in somatoform disorders and 7% had broken engagement in dissociative disorders. Financial loss or problem was more in somatoform disorders (13%) than dissociative disorders (8%). 16% had sexual problem in somatoform disorders and 4% had sexual problem in dissociative disorders. 12% took large loan in somatoform disorders and 3% took large loan in dissociative disorders. 29% had family conflict in somatoform disorders and 21% had family conflict in dissociative disorders. 10% were failed in examination in somatoform disorders and 9% were failed in examination in dissociative disorders. Similar study carried out by Ammati et al.¹ they found the common stressful life events experienced by somatoform disorders patients were financial issues (27.7%), marital conflicts (20.5%), family conflicts (18.7%), and illness in family members (16%).

Morrison and Walker et al. mentioned that there was higher somatic symptom reporting in women with childhood sexual abuse.^{7,8} A study by Poikolainen et al. in Finland found that, in female adolescents, there was a positive association between somatic symptoms and life events such as serious illness in family and familial conflicts between parents and relationship issues.⁹ Indian studies on functional somatic symptoms have reported life events related to financial and relationship issues.^{10,11}

A large number of clinical research mentioned that somatoform disorders and dissociative disorders generally had a temporal relationship with stressful life events.¹² Many theories explained the role of stressful life events in the causation of somatization and dissociation due to dysfunction of stress response system.¹³

Conclusion

In this study, frequency of stressful life events showed no significant difference between somatoform disorder and dissociative disorder patients. The important issues regarding the study findings of stressful life events may equally play a role in precipitating dissociative disorders and somatoform disorders. There are certain other factors which require equal consideration. The buffering model posits that stress has a greater impact on those with limited as opposed to adequate sources of social support. So intervention programme for these two groups of patients might be same. The above profile of a small group of such patients sheds some light in stressful life events associated with dissociative disorders and somatoform disorders. Stressful events could vary in different cultures, and hence need studies from different regions/populations. Future

research may focus on these disorders to enrich the existing level of knowledge and thus helping in the proper management of somatoform disorder and dissociative disorder.

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