ROLE OF DEPRESSOGENIC DYSFUNCTIONAL ATTITUDES, AND SOCIAL SUPPORT AMONG PATIENTS WITH SOMATOFORM DISORDERS
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Abstract:
Objective: The present study is aimed to explore the role of social support whether the perceived social support has any effect on the development of dysfunctional attitudes among patients with somatoform disorder in general. Furthermore, it aimed to reconnoiter the differential prevalence of the two variables concerning somatoform disorders patients and normal individuals.
Method: A cross-section descriptive study was carried out to achieve the objective of the study. A sample of (N = 160) individuals, was taken including (n = 80) diagnosed patients with different types of somatoform disorders (SD) and (n = 80) normal individuals. The age range for sample was 18-45 and data was obtained from different psychiatric units of Islamabad and Rawalpindi. Dysfunctional attitude of the somatoform patients (SD) was measured by short form of Dysfunctional Attitude scale (DAS) by Naeem (2007), while Social support of patients with somatoform disorders was measured by Provision of Social Relation scale (Ayub, 2004). The data was analyzed by applying reliability, correlation and t analysis. Data was interpreted through SPSS 18.
Results: The finding concluded that there is no correlation between social support and dysfunctional attitudes among somatoform disorder patients (p = .87, p > .05). Moreover, It is also found in this study that there are significant differences in perceived social support and dysfunctional attitude among somatoform disorders patients and normal individuals (p = .87, p < .05).
Conclusion: The findings demonstrated that it was found that there is no relationship between social support and dysfunctional attitude among somatoform disorder patients. Additionally, it was also observed that patients with somatoform disorder patient has higher dysfunctional attitudes as compare to normal individuals., Limitations and suggestions were also discussed in the end of the research.
Keywords: Somatoform disorder, Dysfunctional attitude, social support.

Introduction:
Mental health is as important for an individual as physical health to lead healthy life. Most physical conditions depend upon the sound state of mind. Personal, social and work abilities are affected by physical as well as mental health. When people are worried, restless, and unhappy and find it difficult to deal with these life problems and stresses, they develop different psychological illnesses.

Somatoform disorders are one of them, in which people convert their psychological stress and problems into physical symptoms. People do not have control over Symptoms of somatoform disorder, have no physiological explanation and are linked to psychological factors rather are psychologically causes. According to an estimate 66% of women and 25% men suffer from the symptoms of anxiety and
depression with the predominant complaints somatic in nature.\(^{(1)}\)

Attitudes are integral part of personality and it depicts person’s mode of thinking and actions. Nature of attitudes is determined by the outcome/influence on environment or self, on the bases of which it could be labeled as functional or dysfunctional. In other words appropriateness of attitudes effecting positively can be referred as to adaptive, functional or positive and vice versa. Studies suggest that cognitive flexibility is of fundamental significance for a person and the individual’s principles have an important role at this point. Changing the principles in such a manner that enhances adjustment also creates awareness and the person's capacity to adjust to new circumstances.\(^{(2)}\) Dysfunctional attitudes have been found associated with psychiatric illness most emphasized work is evident for depression, as dysfunctional attitudes has been prevalent among people suffering from this psychiatric disorder as asserted in many studies.\(^{(3)}\) Since somatoform disorders is a kind of psychiatric illness that are characterized by overemphasized bodily concerns, that is clear manifestation of maladaptive thought patterns/dysfunctional attitudes. There is a prevalence of depressive pattern among these patients as well, that is thought to be associated directly with dysfunctional attitudes. Social support has been eminent to suggest the different forms of assistance and help provided by family members, neighbors', friends and others.\(^{(4)}\) Rather under certain conditions social support has critical effects. According to different studies social network may itself lead to worrying interpersonal dealings, such as loses and social conflict. Social support is significant within the temporal and contextual frame work and such frameworks may use different kinds of support at different times and contexts. People with close friends when experiencing stress are less prone to depression. \(^{(5)}\) It is important to note that how much social support, friends and relations are needed for well being depends upon culture. Culture also varies in the values they place on friends and family.

**Methodology:**
First of all, for clinical sample, the permission was taken from higher authorities of particular hospitals to allow their staff to permit patients to participate in the study. The consent of participation was taken from hospitals, from where the sample was collected. Instructions about the statements of the questionnaires were read to respondents and they were encouraged to ask any question regarding the ambiguity of the items. A total 80 male and female patients of somatoform disorder and for the comparative assessment a group of 80 normal subjects who have never been registered or taken any treatment of psychiatric nature of Rawalpindi Islamabad and different areas were approached. They were briefed about the purpose of the research, questionnaires were presented to them and asked to rate their responses against each item. Assurance was given that the provided information would be kept confidential and would only be used for research purpose.

Demographic data sheet was collected in term of name, age, gender, education, marital status, income, duration of illness, family structure, residence and medical illness.

Dysfunctional attitude of the somatoform disordererd patients was measured by short form of dysfunctional attitudes scale. It was originally developed by Beck, Brown, Steer & Weissman, (1991) and in the present study the translated Urdu version (Naeem, 2007) was
The measures to social support selected for this study is the “Provision of Social Relations scale (PSR)”. It was originally developed by Turner, Frankel & Levin (1983) and in the present study the translated Urdu version (Ayub, 2004) was used. SPSS 14 windows evaluation version was used for the purpose of data analysis. The different statistical techniques used in this study were reliability analysis for finding the reliability of the scale, percentages, t-tests, correlation coefficient for finding the relationship between variables.

Results:

| Table 1: Alpha reliability coefficient of Five-Factor Inventory (NEO-FFI), Dysfunctional attitudes scale (DAS) and Provisions of Social Relations Scale (N=160) |
|---|---|---|---|
| scales | No of Items | Alpha Coefficient |
| DAS | 40 | .80 |
| PSR | 15 | .67 |

Table 1 showed that Dysfunctional Attitudes Scale and Provisions of Social Relations scale are reliable instruments in measuring the dysfunctional attitudes and perceived social support among Somatoform disorder patients and normal individuals.

| Table 2: Correlation between Dysfunctional attitudes and social support among somatoform disorders patients (N=80) |
|---|---|
| PSR | DAS | .01 | .87 |

Table 2 shows no significant correlation between dysfunctional attitudes and social support among somatoform disorders patients.

Table 3 shows the difference in dysfunctional attitude and social support among somatoform disorders patients and normal individual. The results are statistically significant at .05, level of significance. Significant t-value indicates that the patient (M = 193.85, SD = 31.89), show higher dysfunctional attitudes as compare to normal individuals DAS (M = 160.03, SD = 26.3), and less social support among patients (M = 40.36, SD = 6.30) as compare to normal individuals (M = 43.81, SD = 43.81).

| Table 4: Mean, standard deviation and t-values for female and male patients with somatoform disorder on Dysfunctional Attitude (N = 80) |
|---|---|---|---|---|
| Variable | Female Patients | Male Patients | t(78) | P |
| DAS | 194.2 | 192.0 | 32.40 | 30.26 | 6.41 | .02 |

Table 4 shows the gender difference in dysfunctional attitudes among somatoform disorders patients. The results are statistically significant at 0.05, level of significance. Significant t-value indicates that the female patients (M = 194.2, SD = 32.40), show higher dysfunctional attitude as compare male patients. (M =192.0, SD = 30.26).

| Table 5: Mean, standard deviation and t-values for married and unmarried somatoform disorder patients on Dysfunctional Attitude (N = 80) |
|---|---|---|---|---|
| Variable | Married | Unmarried | t(78) | P |
| DAS | 196.92 | 186.68 | 31.52 | 30.87 | 5.81 | .03 |

Table 5 shows the difference in dysfunctional attitude among married and unmarried somatoform disorder patients.
patients. The results are statistically significant at 0.05, level of significance. Significant t-value indicates that the married patients (M =196.92, SD = 31.52) Showed higher dysfunctional attitude as compare to unmarried patients. (M =186.68, SD = 30.87).

Table 6: Mean, standard deviation and t-values for comparison of family structure of somatoform disorder patients on Dysfunctional Attitude (N = 80)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Patients with joint family</th>
<th>Patients with nuclear family</th>
<th>t(78)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS</td>
<td>M 194.0</td>
<td>M 193.5</td>
<td>2.41</td>
<td>.05</td>
</tr>
</tbody>
</table>

Note: DAS = Dysfunctional attitude scale

Table 6 shows the difference in dysfunctional attitude among somatoform disorders patients with joint and nuclear family structure. The results are statistically significant at 0.05, level of significance. Significant t-value indicates that the patients in joint family system (M =194.0, SD = 28.91). Showed higher dysfunctional attitude as compare to patients in nuclear family(M =193.5, SD = 36.99).

Discussion:

In somatoform disorders, bodily symptoms propose a physical disorder, however there are no verifiable organic result and there is powerful facts for connection to psychological reasons or conflicts. It is found in this study that there are no significant correlation between dysfunctional attitudes and social support; It is also investigated that there are significant differences in perceived social support among somatoform disorders patients and normal individuals. Perhaps patients perceive less social support because of their dysfunctional attitudes. Social support is not perceived traditionally in our culture. So people report it differently and their angle of perception might not reveal the true picture. Social approval is another factor that might affect the reporting of social support, among patients because they represent better picture.

Researchers showed that getting particular kind of support does not direct to improved wellbeing or not as much of sickness in cases of distress. In opposing to, people who are in stress and get more assistance, also seems to have more sickness, other disabilities and a longer time. Researchers found in their study that several kinds of support are risk basis for psychological suffering and that they work in several ways for women and men. Direct effects of sentimental support are significant for mental health of men whereas negative aspect of close one relations predict pathetic psychological health in both men and women. In our Pakistani culture, social support is not professed habitually, so people state it in their own way. Social appreciation is another reason that might influence the reporting of social support, among patients. As the result showed that dysfunctional attitudes is higher in patients with somatoform disorder than that of normal individuals.

Results from the current study are consistent with those of previous studies of Somatoform disorder. Similarly, studies showed found in remitted depressives higher levels of dysfunctional attitudes than normal individuals. Studies have found that depressed individuals displayed extensively more dysfunctional attitudes than non depressed individuals using the DAS (having samples as psychiatric patients and college students). It is also found that patient with somatoform disorders with high level of DAS experience more depressive symptoms than patients with low dysfunctional attitudes. Perhaps because of these dysfunctional attitudes, cognitive distortions they develop different psychological disturbances. In present study it is found that patients with joint
family structure have more dysfunctional attitudes in comparison to patients with nuclear family structure. This study further explored that gender difference; women have more dysfunctional attitudes as compare to male patients and married patients scored higher on DAS than unmarried patients. There are numerous justifications concerning this phenomenon, as recommended by other studies.\textsuperscript{(15,16)} This fact can be clarify more properly in terms of cultural pressures. For females it seems to be comparatively more satisfactory way to vent out severe emotions and receive attention while males rather can express feeling with no trouble. The traditional family significance systems in Pakistani culture do not permit person to be explicitly communicative, hence reveal rigid or improper pattern for conveying emotions that occasionally becomes the cause of somatoform disorder. In current study most of the patients were females, as psychological disorders are very common in women. Because of their life cycle and responsibilities, they are more vulnerable towards psychological problems. In Pakistani culture women are not encouraged to express their feelings as compare to males. It is interplay of inner conflicts according to the most prominent theories. Hence, female are expected to suffer frequently than males. Patients reported different stressor e.g. in laws issues, relationship problems and poverty.

Implications:
The current research intends to study role of dysfunctional attitudes and social support among patients with somatoform disorders. The study has following possible implications.

1. The present research could be beneficial for practitioners of clinical psychology by identifying the possibility of underlying depressogenic dysfunctional attitudes among patients with somatoform disorder. Preparing a treatment plan emphasizing the restructuring of cognitive distortion and maladaptive of thought patterns can generates better results.
2. It will assist other studies in future to reproduce the results and make improved investigations with more inventive thoughts in this area.
3. This study would help in developing management strategies for such patients to address their dysfunctional attitudes.

The current study will be of concern of psychologist, Psychiatrist and biologists and it unlocks the gateway to formulate new inventions in this regard.

Limitations and Recommendations:
The size of sample used in the research to discover the purpose of research is very small and location bound. The age range of sample used in the present research was limited i.e. age ranges from 18 to 45 years, while extending the age rage might reveals some other facts. Data was taken from a few cities of Pakistan i.e. Islamabad, Rawalpindi which reduce the generalizability of present study. The data obtained was of diversified and varied frequency among patients of somatoform disorders patients. Taking equal number of patients of different categories could have generated better results for generalization. The sample size in future researches should be improved as a result it will be true representative of the population and broaden the generalizability of the findings. From rest of the cities of Pakistan data should also be collected, consequently outcome of generalization of the findings can be made obvious and formulating useful intervention plans. Future researches should also include some other important
variables such as stressful events, attribution style, automatic thoughts which has not included in the present study. Dysfunctional attitudes, personality disorder and social support among patients somatoform with disorders can also be compared by that of patients with other psychological disorders, such as anxiety disorders, bipolar disorders, adjustment problems.

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