

Types of Attitudes Towards the Disease in Women with Different Durations of Somatization Disorders

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Abstract

Introduction. This article discusses types of attitudes towards the disease in women with different durations of somatization disorders. The results from this study can be useful for achieving successful therapeutic interaction between secondary care medical specialists and patients with somatization disorders. Changes in disharmonious attitudes towards the disease are the factors contributing to the recovery of patients.

Methods. The sample was comprised of women with somatization disorder duration less than 1 year and those with somatization disorder duration between 1 year and 5 years. To determine the types of attitudes towards the disease in women with different durations of diseases this study employed the technique for assessing the Type of Attitudes Towards the Disease by L. I. Wassermann et al.

Results. There are significant differences in the types of attitudes towards the disease in women with somatization disorder duration less than 1 year and those with somatization disorder duration between 1 year and 5 years. The results of this study showed that women with somatization disorder duration of more than 1 year are characterized by a sensitive type of attitudes towards the disease, which manifests itself in an increased anxiety towards their disease. This indicates problems in social adaptation. The types of attitudes towards the disease with an intrapsychic orientation, accompanied by flight into illness predominate in women with somatization disorder duration for less than 1 year.

Discussion. This study provides evidence for disharmonious attitudes towards the disease in women with different durations of somatization disorders. Knowledge of the characteristics of attitudes towards the disease could also be useful for the implementation of psychocorrective measures.

Keywords

somatization disorder, attitude towards the disease, internal picture of the disease, disease duration, sensitivity, bodily distress disorder, social maladjustment, interpsychic orientation, intrapsychic orientation, psychological correction

Highlights

► Attitudes towards the disease in women with different durations of somatization disorders are disharmonious.

- Compared to women with somatization disorder duration of less than 1 year, a sensitive type of attitudes towards the disease with an interpsychic orientation, characterized by social maladjustment predominates in those with somatization disorder duration of more than 1 year.
- Compared to women with somatization disorder duration of more than 1 year, the types of attitudes towards the disease with an intrapsychic orientation, accompanied by flight into illness predominate in those with somatization disorder duration of less than 1 year.

For citation

Bogushevskaya, Yu. V., & Bakina, Yu. A. (2019). Types of attitudes towards the disease in women with different durations of somatization disorders. *Rossiiskii psikhologicheskii zhurnal (Russian Psychological Journal)*, 16(4), 22–33. doi: 10.21702/rpj.2019.4.2

Received: October 9, 2019

Revision received: December 22, 2019

Accepted: December 25, 2019

Introduction

According to the ICD-10 classification, somatization disorders (SD) are among somatoform disorders (F45.0) and manifest themselves in numerous somatic functional symptoms during 2 years or more. Persons suffering from SDs have constant requirements for medical examinations that do not verify any disease. Such patients continue to be a problem for primary care physician, because they often refuse to follow their recommendations to seek specialized psychiatric help (Pogosov & Bogushevskaya, 2019; Bobrova, 2012; Chizhova, 2012; Sobennikov, 2014; Naumova, Kupriyanova, & Beloborodova, 2014).

Subsequently, specialists discovered a stigmatizing effect of the 'somatoform' term on patients. Therefore, in the ICD-11 classification somatoform disorders are renamed as bodily distress disorder (BDD). We should note that this classification suggests a solution to the problem of diagnosing BDDs not according to the absence of physical or medical reasons (as in somatoform disorders in ICD-10), but by the components that are present – concern, excessive thoughts and behavior aimed at finding somatic diseases (Gureje & Reed, 2016; First & Fisher, 2012; Reed et al., 2019; Pohontsch et al., 2018). Therefore, the examination of the characteristics of the reaction to the disease can provide valuable diagnostic information in the work of clinical psychologists and psychiatrists.

An overstatement of the negative role of subjective symptoms in SDs forms a distorted idea about their causal relationships in patients, which is also one of the factors of the 'avoiding psychiatrist behavior'. Therefore, understanding the role of psychological mechanisms in the development of the disease by persons suffering from SDs increases their chances of contacting specialists of the desired profile.

The complex of bodily sensations, emotional experiences, self-assessment of actual state and information about it form an attitude towards the disease. In SDs this attitude is often disharmonious, which can contribute to the chronicity of the disease and lead to mental and social maladjustment of patients (Pogosov & Bogushevskaya, 2017).

Despite the significant progress in psychopharmacology, the diagnosis of 'somatization disorder'

has a poor therapeutic prognosis today (Pogosov, Laskov, & Bogushevskaya, 2018; Rupchev, 2001). In this regard, an empirical search should be aimed at identifying additional correctional targets. Types of attitudes towards the disease are among such targets. In order to understand how a disharmonious attitude towards the disease is formed in people suffering from SDs, it is important to take into account not only clinical manifestations of the disease, but also personal pathological characteristics, such as demonstrativeness, a tendency to form rental attitudes towards physical state, which effects social functioning of such patients (Karvasarsky, 1990; Kvasenko, 1980).

Not only conversion processes (suggesting a symbolic meaning of painful physical sensations) but also the somatization mechanism (expressing emotional discomfort and psychological stress in terms of physical symptoms) influence the development of somatization symptoms (Alexander, 2006; Barsky, Orav, & Bates, 2005).

We should note that the existing theoretical concepts of somatization often do not relate to the description of the sphere of internal bodily experience in which a sensation of pain is experienced. This circumstance determined the increase of research on physicality and its role in the mechanism of somatization. For example, in the work of Rupchev (2001), patients suffering from somatization disorders were characterized by a limited ability to determine intraceptive sensations, absence of a developed system of interaction with internal body experience, as well as the semantic 'metaphoricity' of internal physicality. According to the author, somatization creates the conditions for the occurrence of pathological physical sensations that receive 'undue' attention. Besides this category of patients demonstrate the alienation of mental and physical phenomena.

The diagnosis of 'somatization disorder' affects patient's social functioning and is accompanied by pronounced concern, unmotivated anxiety, and impaired emotional reaction. Thus, Urvantsev (2000) argues that individuals with a high level of alexithymia often have somatic complaints, which can be considered as a manifestation of the somatization of affect. The presence of alexithymic traits in SDs determines specific characteristics of interpersonal relationships in such patients.

According to Filimonov (2011), stigmatization determines increased anxiety in patients hospitalized for somatization disorders in psychiatric institutions, in contrast to those having no experience of contacting psychiatrists. The author found that these patients are characterized by a predominance of anxiety and obsessive-phobic and neurasthenic types of attitudes towards the disease. The anosognosic type of attitudes towards the disease predominates in individuals with somatization disorders who visit primary care physicians. This may be explained by the lack of understanding of the true causes of functional symptoms and unwillingness to recognize the presence of a mental disorder.

Typological personality traits that are noted in many studies (Pribytkov & Yerichev, 2017; Tomenson et al., 2012) also influence the formation of a disharmonious type of attitudes to the disease in SDs. Specialists in the field of SDs have previously attached great importance to the presence of hysterical traits. Currently, there is new evidence on the role of the premorbid personality of other types (with a predominance of anxious, sensitive, schizoid, borderline and other traits). Therefore, hysterical personality traits are not the only characteristics of patients with SDs (Chizhova, 2012; Sobennikov, 2014; Pribytkov, Yurkova, & Bazhenova, 2016; Tomenson et al., 2012; Lenze, Miller, & Munir, et al., 1999).

In addition, some studies indicate that the aggravation of this disorder contributes to the

development of a somatizing personality, when somatic symptoms decrease and pathological characterological disorders start to prevail in the clinical picture (Aleksandrovsky, 2006; Ushakov, 1978).

When analyzing the rational component of attitudes towards the disease in people suffering from SDs, A. Martin & W. Rief investigated a cognitive style with catastrophization of bodily sensations. This phenomenon contributes to the development and maintenance of functional symptoms in SDs. These patients are characterized by statements of the anosognosic type. Denial of a painful state may be related to a situation of uncertainty, characteristics of the disease, types of clinical course, and age (Martin & Rief, 2011; Salkovskis, Warwick, Deale, et al., 2003; Bryabrina, 2009).

Salkovskis et al. (2003) also point out a special cognitive style in patients with the diagnosis of 'somatization disorder', which is characterized by maladaptive attitudes towards health and medicine (e. g., 'health is the absence of disorders', 'pain in the epigastric region is stomach ulcer'). Moreover, their understanding of associations between somatic and mental processes may be superficial and even lacking. Such a cognitive assessment of actual state by patients with SDs determines suspicion and anxiety regarding bodily perception and contributes to the development of hypochondriacal fabrication.

Excessive anxiety towards existing disorders is closely associated not only with the lack of patients' cognitive representations of the disease, but also with specific features of their bodily experience, which is also an important factor for the development of a disharmonious attitude towards the disease (Glazyrina, Solodkov, Kulygin, Yusupov, & Yatmanov, 2016; White, McDonnell, & Gervino, 2011; Rasskazova, 2013). Thus, according to T. D. Vasilenko, negative affect with difficulties in expressing emotions, as well as the tendency to interpret physiological sensations as pathological ones prevail in the structure of bodily experience in patients with somatization disorders (Vasilenko & Mangushev, 2018; Yundalova & Nikolaevskaya, 2017).

Studying the characteristics of attitudes towards the disease in patients with somatization disorders, Chizhova (2012) examined anxiety/depressive mood in these patients. Hypochondriac and neurasthenic types of attitudes toward the disease were the predominant ones.

According to Mendelevich and Solov'eva (2002), the phenomenon of 'flight into illness', which is characteristic of SDs and other neurotic disorders, represents an avoidance of a sober assessment of reality and an inability to resolve an internal conflict.

Thus, based on the theoretical and methodological analysis of literature on this problem, we can conclude that various components form the basis for the maladaptive type of the attitude towards the disease in patients with SDs. The clinical features of the disease itself, realization of their frustrating characteristics and threats, related cognitive distortions, emotional disturbances, specific characteristics of internal bodily experience, and disharmonious types of attitudes towards the disease have a significant impact.

In this study, we diagnosed the types of attitudes towards the disease at the individual level and also examined how the types of attitudes towards the disease differ in women with in women with different durations of somatization disorders.

This study aimed to investigate the types of attitudes towards the disease in patients with different durations of somatization disorders.

Methods

The 1st group consisted of women with somatization disorder duration of less than 1 year (at the initial visit to a psychiatric institution), $n = 28$. The 2nd group consisted of women with somatization disorder duration between 1 year and 5 years (re-hospitalized), $n = 28$. The mean age was 44.5 years in both groups. In the 1st group there were more working patients (88.8 % and 55.5 %, respectively). The number of unmarried women with higher education was also higher in this group of patients (77.7 % and 33.3 %, 44.4 % and 11.1 %, respectively). In both samples, most women had children (88.8 % and 77.7 %). The somatization disorder duration was less than 1 year in the 1st group (the initial visit was in 2018–2019) and between 1 year and 5 years in the 2nd group (the initial visit was in 2012–2017).

To diagnose the types of attitudes towards the disease in patients with SDs, we used the technique for assessing the Type of Attitudes Towards the Disease (TATD) by L. I. Wassermann et al. The TOBOL is based on the clinical and psychological typology of attitudes towards the disease proposed by A. E. Lichko and N. Ya. Ivanov in 1980. They distinguished 12 types of attitudes towards the disease, which fell into (a) the conditionally adaptive block (harmonious, ergopathic, and anosognosic types), (b) the block of an intrapsychic orientation (anxious, hypochondriac, neurasthenic, apathetic, and melancholic types), and (c) the block of interpsychic orientation (egocentric, sensitive, dysphoric, and paranoid types). The last two blocks are characterized by disorders of mental and social adjustment. We also diagnosed three possible types of attitudes towards the disease including the 'pure' type (when 1 type dominates), the 'mixed' type (when 1–3 types dominate), and the 'diffuse' type (when more than 3 types dominate) (Wasserman, Iovlev, Karpova, & Vuks, 2005).

Results

During the experimental study we examined the differences in the types of attitudes towards the disease in women with different durations of somatization disorders. The distribution of characteristics was non-normal; we used the non-parametric Mann–Whitney U-test to calculate the results.

Among the 12 possible types of attitudes towards the disease the sensitive type alone had statistically significant differences at a high level of statistical reliability. Table 1 demonstrates a comparative analysis of the types of attitudes towards the disease in the group of women with different durations of somatization disorders.

The sensitive type of attitude towards the disease with an interpsychic orientation is characterized by difficulties in social adjustment that are associated with disorders of interpersonal interaction and premorbid personality characteristics.

Unlike patients suffering from SDs less than 1 year, those with somatization disorder duration more than 1 year tend to experience anxiety and concern over the possible unfavorable impression that others may have about their illness. Women with a pronounced sensitive type of attitudes towards the disease do not want others to show pity for them and afraid to be a burden to them. They are characterized by vulnerability and mood swings fluctuations associated with interpersonal contacts. We suggest that the sensitive type of attitude towards the disease that prevails in patients with somatization disorder duration of more than 1 year can be associated with both the stigmatization phenomenon and the desire to look like a healthy person in presentations of others. Figure 1 demonstrates the results.

Table 1

Comparative analysis of the types of attitudes towards the disease in patients with different durations of somatization disorders

<u>Variables</u>	<u>p-level</u>	<u>Mean scores (< 1 year)</u>	<u>Mean scores (> 1 year)</u>
Harmonious	p = 0,451285	8,22222	13,55556
Ergopathic	p = 0,754690	17,33333	16,11111
Anosognosic	p = 0,203006	9,88889	0,44444
Anxious	p = 0,214710	14,33333	19,22222
Hypochondriacal	p= 1,000000	16,00000	15,00000
Neurotic	p = 0,506923	16,33333	12,55556
Melancholic	p = 0,787628	10,00000	8,77778
Apathetic	p = 0,893584	7,66667	6,22222
Sensitive	p = 0,028503**	18,55556	33,55556
Egocentric	p = 0,626136	13,00000	12,44444
Paranoic	p = 0,329132	6,22222	8,77778
Dysphoric	p = 0,690496	8,55556	10,00000

Legend:
 * – differences were found at the level of the statistical trend ($0.05 < p \leq 0.1$);
 ** – differences were found at a reliable level of statistical significance ($0.01 < p \leq 0.05$);
 *** – differences were found at a high level of statistical significance ($p \leq 0.01$).

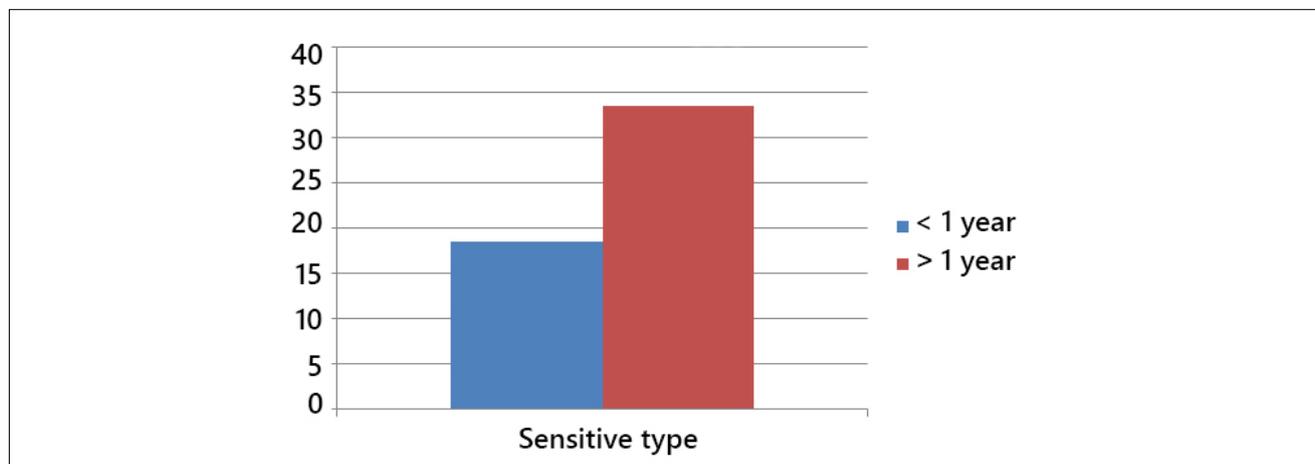


Figure 1. Histogram of differences in mean scores of the sensitive type of attitude towards the disease in women with somatization disorder duration of more than 1 year

Further, we carried out a comparative analysis of the frequency of occurrence of types of attitudes towards the disease in terms of 'preservation/impairment of mental and social adjustment' in women with different durations of somatization disorders using the Pearson χ^2 -test. Table 2 shows the results of the study.

Orientation	Disease duration	
	(< 1 year)	(> 1 year)
Intrapsychic	69,6 % (16)	12,5 % (3)
Interpsychic	0 % (0)	45,8 % (11)
Conditionally adaptive	8,7 % (2)	12,5 % (3)
Intrapsychic, interpsychic	21,7 % (5)	12,5 % (3)
Interpsychic, conditionally adaptive	0 % (0)	12,5 % (3)
Intrapsychic, interpsychic, conditionally adaptive	21,7 % (5)	21,7 % (5)
Total	100 % (28)	100 % (28)
p-level	p = 0,00256***	

Legend: * – differences were found at the level of the statistical trend ($0.05 < p \leq 0.1$);
 ** – differences were found at a reliable level of statistical significance ($0.01 < p \leq 0.05$);
 *** – differences were found at a high level of statistical significance ($p \leq 0.01$).

We found statistically significant differences in the frequency of occurrence of types of attitudes towards the disease with interpsychic and intrapsychic orientations of personal reaction to the disease.

Thus, in women with somatization disorder duration of more than 1 year, the frequency of occurrence of the interpsychic orientation of personal reaction to the disease is higher than in patients suffering from SDs for less than 1 year.

The intrapsychic orientation of personal reaction to the disease, which may be associated with the 'flight into the disease' and negatively affects the emotional sphere of patients (prevalence of anxiety, depression, irritable weakness reactions) is characteristic of women with somatization disorder duration of less than 1 year. The results are shown in Figures 2 and 3.

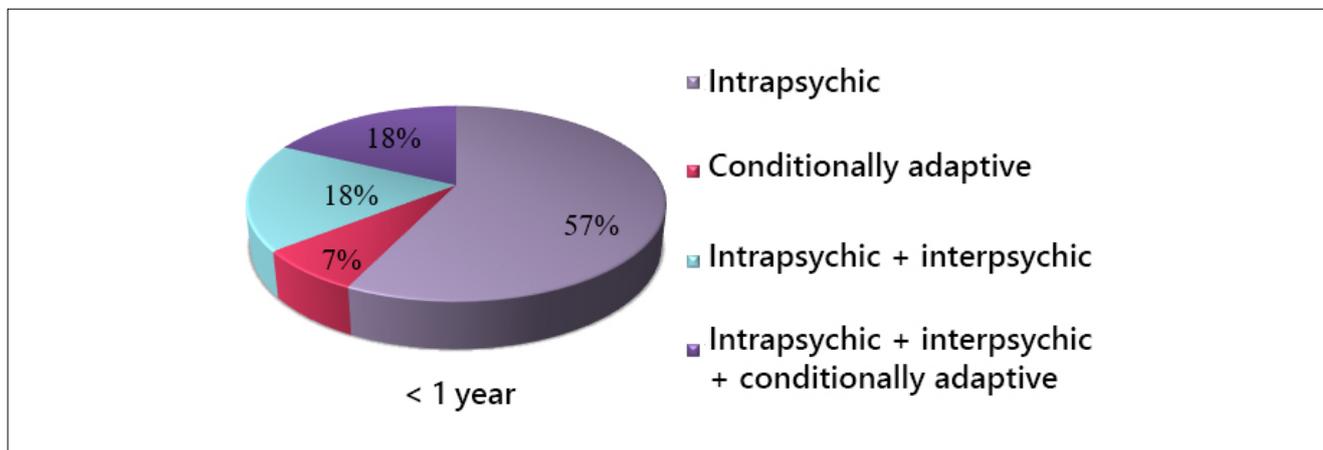


Figure 2. Distribution of the frequency of occurrence of different types of orientations of personal reaction to the disease in patients with somatization disorder duration of less than 1 year

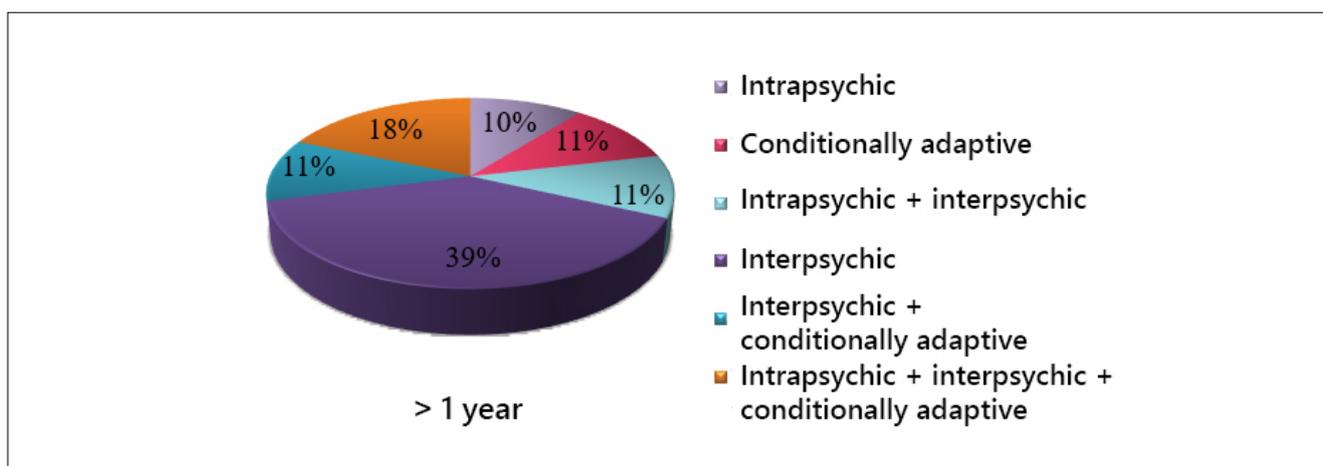


Figure 3. Distribution of the frequency of occurrence of different types of orientations of personal reaction to the disease in patients with somatization disorder duration of more than 1 year

Thus, the results indicate that in both groups the respondents have disorders of mental and social adjustment.

Discussion

In general, the data indicate the presence of a disharmonious attitude towards the disease in women with different durations of SDs.

We obtained statistically significant differences in the sensitive type of attitude towards the disease between the two groups of patients, which indicates the presence of a disharmonious attitude towards the disease in women suffering from SDs for more than 1 year. When studying the frequency of occurrence of possible types of orientations of personal reaction to the disease in patients we also found statistically significant differences. Compared to patients suffering from SDs less than 1 year having intrapsychic orientation of attitudes towards the disease, the types of attitudes towards the disease with an interpsychic orientation are characteristic of patients with somatization disorder duration for more than 1 year. Such an attitude towards the disease in women with somatization disorder duration of more than 1 year may be explained by premorbid personality traits, 'stigmatization' and 'self-stigmatization' phenomena, which needs further consideration (Elfimova & Elfimov, 2009).

We assume that the 'flight into the disease' pronounced in patients with the disease duration of more than 1 year may be explained by their focus on painful sensations, the development of 'hypochondriac' characteristics of personality, and getting 'secondary benefit' from the disease.

Our results do not contradict the data of numerous studies aimed at studying the internal picture of the disease in patients with neurotic disorders, when they have neurasthenic, hypochondriac, and anxiety types of attitudes towards the disease corresponding to the intrapsychic orientation of personal reaction to the disease (Bryabrina, 2009; Glazyrina et al., 2016; Mikhailova, Yastrebov, & Enikolopov, 2002).

Women with somatization disorder duration of less than a year are characterized by 'internal experience' of the disease, emotional concentration on themselves and their symptoms. As a rule, patients adjust to their disease, which can shift the focus of their attention from themselves to others and for deriving benefit from their symptoms in communication with other people; this is typical for patients suffering from SDs for a long time (Merskey, 2004).

The characteristics of attitudes towards the disease that we have identified may help identify directions for psychological correction aimed at creating a harmonious attitude towards the disease and treating SDs. Its objectives are as follows:

- Shaping the ideas of the influence of psychological factors on the development of somatization disorders.
- Increasing the ability to recognize, differentiate, and understand emotions and the accompanying cognitive processes.
- Maintaining adaptive behavior under the conditions of the disease.
- Developing social skills and interpersonal interaction.

Besides, our findings can help identify targets for further psychotherapeutic correction, including:

1) The process of correction of the level of personal reaction to the disease in women suffering from SDs for less than 1 year should be aimed at shifting the focus from the process of the 'hypochondriacal' development of personality to the study of internal psychological problems.

2) The process of correction of the level of personal reaction to the disease in women suffering

from SDs for more than 1 year should be aimed at reducing the high level of sensitivity in interpersonal contacts.

Thus, in view of constant and prolonged contacts with medical services, patients suffering from SDs have significant impairments in the social sphere of personal functioning, which is confirmed by the presence of individual disharmonious types of attitudes towards the disease impeding physical and psychological well-being. To provide professional psychological assistance to this category of patients, further research of the structure of attitudes towards the disease will be required. This will help develop a holistic understanding of how the disease contributes to a disharmonious attitude towards the disease, how this attitude changes during the course of the disease, and which 'intervention targets' will need correction.

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No conflict of interest