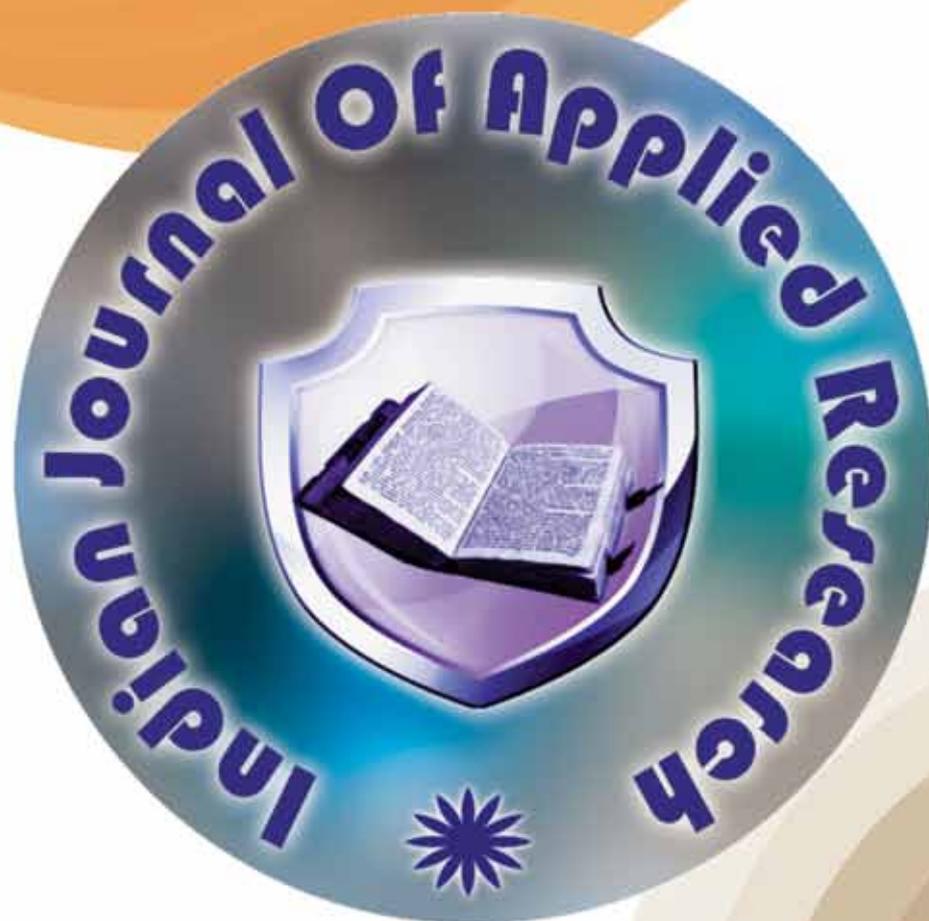


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## Personality Profile of Patients with Somatic Complaints at a Rural Health Centre

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### ABSTRACT

*The present study was aimed at studying the personality profile of 30 patients presenting with somatic complaints with no Organic pathology (experimental group) and 30 patients presenting with somatic complaints explainable on the basis of organic pathology (control group), comparable on marital status, age, sex, education and social background on 16 Personality Factors Questionnaire at a Rural Health Centre. General Health General Health Questionnaire-12 was used to rule out psychopathology in control group. Results show that subjects of experimental group are found to be significantly more emotionally unstable, neurotically fatigued, cool and aloof, having tendencies of being jealous, show more somatic anxiety and impatience in comparison to subjects of control group. Implications of the findings are discussed in the context of earlier research in this area.*

**Keywords : Somatic Complaints, Somatization, Personality Characteristics, Primary Health Care**

### Introduction

A substantial proportion of patients in primary health care settings present with somatic complaints for which no organic cause can be found on routine investigations (Bridges, & Goldberg, 1985, WHO-SERRO, 1986; Seshadri, Kumar, Moily & Gangadhar, 1988). This mode of presentation is known as somatization and patients who present with such phenomenon are referred as somatizers (Barsky, 1979; Katon, Ries, Kleinman, 1984). Extensive use of health care facilities by such patients place a burden on already overloaded health services (Lipowski, 1987). In our own country a significant proportion of the precious and scarce medical resources are also spent on investigations and treatment of patients presenting with somatic complaints (Agarwal, 1991). In recent years, somatization has received great attention and researchers have studied the prevalence, clinical manifestations, etiology and treatment aspects of somatization.

A wide range of putative etiological factors have been proposed to account for somatization. These factors may be classified as predisposing, precipitating and maintaining. Predisposing factors include genetic, developmental, learning, personality and socio-cultural (Lipowski, 1988). A number of personality variables have been linked with somatization such as neuroticism, a perceptual - cognitive style of sensitization or augmentation, introspectiveness, external locus of control and lower self-esteem have all been implicated (Barsky & Klerman, 1983; Costa & McCrae, 1985; MacLeod Mathews; & Tata, 1986, Hansell & Mechanic, 1985; Ichaporia, 1985; Shah, 1988). The present study was aimed at studying the personality profile of the patients presenting with somatic complaints at a rural health centre.

### Material and Methods

#### Sample

Sample was selected from the out-patient unit of Rural Health Centre, Sakalwara of NIMHANS, Bangalore and consisted of two groups: 30 female patients presenting with somatic complaints with no organic pathology (Experimen-

tal Group) and 30 female patients presenting with somatic complaints explainable on the basis of any organic pathology (Control Group). The age range of the subjects was 25 to 45 years. The minimum duration of the illness was of three months. Subjects who reported psychological complaints spontaneously were not included in experimental group and presence of organic pathology, psychosis, mental retardation and substance abuse was ruled out. In control group subjects with any serious or terminal illness were not included and history of psychiatric illness and substance abuse was ruled out. The two groups were comparable in terms of marital status, age, sex, education, and social background. Patients were referred by the General Duty Medical Officer of the Centre.

### Tools

1. Socio-demographic and Clinical Data Sheet,
2. General Health Questionnaire - 12 (GHQ-12) (Goldberg, 1972; Sriram, Chandrashekar, Isaac; and Shanmugam, 1989), and
3. 16 Personality Factors Questionnaire (16 PF Questionnaire) Form - E (Cattell, 1967).

### Procedure

Kannada version of GHQ-12 was administered on the subjects of control group to rule out the presence of any psychopathology. For the subjects of both the groups Socio-demographic and Clinical Data Sheet was used to record socio-demographic and clinical information. The 16 PF Questionnaire Form-E was translated into Kannada and administered to obtain the personality profile of the subjects.

### Results and Discussion

Since many items pertaining to Factor-B and Factor-I of 16 PF Questionnaire were not applicable to the subjects, scores on these two factors could not be obtained and findings pertaining to other 14 factors are being presented and discussed. The results of the comparison between experimental and control groups are presented in Table-1.

Table 1: Means, standard deviations and 't' values of the sten scores on factors of 16 PF Questionnaire

Factor	Experimental Group (N=30)		Control Group(N=30)		t' Value
	Mean	SD	Mean	SD	
Reserved Vs Outgoing	2.63	0.79	2.83	1.06	0.81
Emotionally Unstable Vs Emotionally stable	1.03	0.18	1.90	1.01	4.62**
Humble Vs Assertive	3.23	1.16	2.86	0.67	1.54
Sober Vs Happy-go-lucky	1.83	1.34	2.53	1.84	1.68
Expedient Vs conscientious	3.20	1.72	3.56	1.56	0.87
Shy Vs Venturesome	2.07	1.61	2.10	1.57	0.80
Trustful Vs Suspicious	3.33	2.66	1.36	0.95	3.80**
Conventional Vs Ec-centric	1.37	0.75	1.56	0.72	1.05
Forthright Vs Shrewd	4.50	0.85	3.93	1.26	2.04*
Confident Vs Insecure	4.93	2.66	4.56	2.65	0.52
Conservative Vs Experimenting	4.03	2.15	3.46	1.15	1.25
Dependent VS Self-sufficient	1.93	1.81	2.46	1.58	1.47
Lax Vs Controlled	3.40	1.82	4.13	1.64	1.63
Relaxed Vs Tense	5.93	1.41	4.00	1.82	4.58**

\* Significant at 0.05 level

\*\* Significant at 0.01 level

The Table-1 shows that subjects of experimental group (somatizers) differ from the subjects of control group on Factor-C, Factor-L, Factor-N, and Factor-Q4. On the other factors they do not show significant difference.

The findings on Factor-C (Emotionally unstable Vs Emotionally Stable) indicate that somatizers are more emotionally unstable, have low frustration tolerance, worried and neurotically fatigued compared to control subjects. Similar findings were reported by MacLeod, Mathews and Tata (1986) and Ichaporia (1985). They found patients with somatic complaints to be emotionally labile, excitable and having high neurotic tendencies. Parker (1981) suggested that somatization may be explained within a general context of emotional disturbance.

On Factor-L (Trustful Vs Suspicious) somatizers are found to be less trustful, cheerful and concerned about other people. They also have tendencies to be jealous. Findings on

Factor-N (Forthright Vs Shrewd) suggest that they are difficult to please and may be having attention seeking tendencies. These characteristics may lead to disturbed interpersonal relationships (Shah, 1988) and poor psychological adjustment (Costa & McCrae, 1980) in somatizers and may enhance their difficulty to describe their feelings (Lesser, 1981). Attention seeking tendencies may contribute in adopting the sick role by somatizing patients (Ford, 1983).

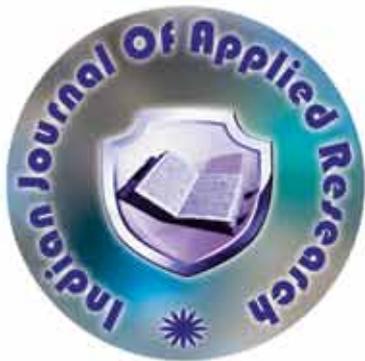
The subjects of experimental group on Factor-Q4 (Relaxed Vs Tense - Somatic Anxiety) tend to be more tense, excited, restless and impatient than control subjects. High somatic anxiety may be one of the reasons for somatic preoccupation and psychological denial among somatizers and they attribute somatic manifestations to a physical illness. Similar observations have also been reported by other investigators (Barsky, 1979; Gordon, Kraiuhin, Kelly, Meares, & Howson, 1986; Lerner & Shanana, 1972; Mayou, 1976). High somatic anxiety turns away attention from unacceptable thoughts and situations towards a focus on physical problems. This may help the patient to avoid self-blame for current predicaments, and so in avoiding some depression. From this point of view somatization may have an adaptive function in protecting the patient from a more severe psychological disorder (Pilowsky, 1978).

Table-1 also shows that both the groups do not differ significantly on other factors. The similar trends in both groups suggest that there is some similarity in personality characteristics of the subjects of experimental and control groups. Bridges, Goldberg, Evans & Sharpe (1991) have also observed some commonalities among somatizers, psychologizers and controls. In the present study, the subjects of the control group were not normal individuals but patients with somatic complaints explainable on the basis of organic pathology and this possibly may explain similar trends in two groups.

The present study has only been an exploratory one and had its methodological limitations. Therefore, results have to be treated with some caution. Overall, the findings of the study suggest that some personality characteristics are associated with the phenomenon of somatization. These characteristics may contribute in adopting somatization as a coping mechanism to a psychological problem. Avoidance of self-blame as a defense for difficult life circumstances may help a somatizing patient in preventing depression or severe depression but at the same time it may also contribute significantly in adopting and maintaining a sick role. Therefore, more investigations in the areas of personality characteristics of somatizers might provide better understanding of somatization and its psychological management at psychiatric and primary health care settings.

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