

SOCIAL STIGMA IN PATIENTS OF DEPRESSION AND SOMATIZATION- A NORTH INDIA PERSPECTIVE

Seikhoo Bishnoi¹, Palak Talwar², Ishu Bishnoi³

¹Assistant Professor, Department of Psychiatry, Maharaja Agrasen Medical College, Agroha, Hisar, Haryana.

²Senior Resident, Department of Psychiatry, Maharaja Agrasen Medical College, Agroha, Hisar, Haryana.

³Assistant Professor, Department of Neuro-Surgery, Maharaja Agrasen Medical College, Agroha, Hisar, Haryana.

ABSTRACT

BACKGROUND

Stigma associated with mental illnesses is one of the most significant challenges faced by a psychiatrist. It can interfere not only with the treatment acceptance and compliance, but also modify the presentations of mental disorders.

MATERIALS AND METHODS

Methodology- The current work is a cross-sectional study to compare and contrast the stigma experienced by patients diagnosed with major depressive disorder and somatization disorder and to find, if there is any association between stigma scores and somatic symptom expression.

RESULTS

Mean stigma scores derived from EMIC in patients of depression were 51.25 (± 13.9) while for somatization were 14.14 (± 5.51), which were statistically significant revealing stigma in depressive patients was much higher.

CONCLUSION

We conclude that stigma levels were significantly higher in patients with MDD than somatization disorder and higher stigma scores were associated with more severe depressive symptoms in rural population.

KEYWORDS

Stigma, Depression, Somatization.

HOW TO CITE THIS ARTICLE: Bishnoi S, Talwar P, Bishnoi I. Social stigma in patients of depression and somatization- a North India perspective. *J. Evid. Based Med. Healthc.* 2018; 5(33), 2411-2414. DOI: 10.18410/jebmh/2018/497

BACKGROUND

Stigma against mental illnesses is as old as civilisation itself. Stigma profoundly affects the lives of individuals with mental illnesses. WHO estimates that around 25 percent of the worldwide population is affected by a mental or behavioural disorder at some point of time in their lives. The patients that seek treatment are less compared to the prevalence of mental or behavioural problems. Social stigma is one of the factors that limit individuals to seek treatment of mental problems. Erving Goffman defined stigma as "an attribute that is deeply discrediting" that reduces someone "from a whole and usual person to a tainted, discounted one".¹ Dudley further refined this as stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviours are viewed as different from or interfere with societal norms.² Stigma prevents people from acknowledging their own mental health problems. Ignorance

and lack of knowledge about mental illnesses is the cause of all stigmas.

Somatization is a tendency to experience and communicate psychic distress in the form of physical symptoms, unaccounted for by pathological findings; to attribute them to physical illness, and to seek medical help for them. Many patients suffering from depression, typically seen in primary care settings, also present with somatic symptoms in the absence of any evidence of physical illness. Kleinmann concluded that somatization among Chinese occurred in a much higher frequency than other western cultures.³ Indian patients having psychological dysfunctions tend to emphasize somatic symptoms more than psychological symptoms.^{4,5,6} A large number of patients presenting chiefly with somatic complaints have depression, but because of social stigma, they remain reluctant to accept that the origin of their problems is psychological. There is a significant relationship between depression, somatization and social stigma.⁷ Approximately 70% of patients with depression present with physical symptoms. Indian patients, in contrast to western patients, emphasize more on somatic rather than psychological problems for the fear of social stigma attached to mental illness, which could interfere with their marriage prospects, social status, self-esteem etc. This study was done to find out social stigma in patients with depression and somatization and to find, if there exists any relationship between social stigma and somatization.

Financial or Other, Competing Interest: None.
Submission 16-07-2018, Peer Review 23-07-2018,
Acceptance 01-08-2018, Published 07-08-2018.

Corresponding Author:

Dr. Seikhoo Bishnoi,
#179-180, Model Town, Mandi,
Adampur, Hisar District- 125052, Haryana.
E-mail: sheikhoo@gmail.com
DOI: 10.18410/jebmh/2018/497



Aim

To study social stigma as a causative factor of somatic symptoms in patients with Major Depression and Somatization in North India.

MATERIALS AND METHODS

This is a cross-sectional study to investigate the effect of social stigma in the causation of somatic symptoms in patients of Major Depression and Somatization. The study was carried out at Department of Psychiatry, Santosh Medical College and Hospital, Ghaziabad. Due permission of the Institutional Ethics Committee and a written informed consent of all the participating subjects were obtained for the study.

A total of 50 patients aged 15-45 years, of either gender; both new or follow-up were enrolled in the study; of which 28 belonged to Major Depressive disorder and 22 to Somatization disorder according to the DSM-IV TR criteria. Patients suffering from any concomitant disabling physical illness, co-morbid psychotic illness, mental retardation, and history of receiving ECT in past months were excluded.

All subjects in the study were administered socio-demographic proforma, HAM-D scale, Stigma Score from EMIC, Symptom Prominence Rating Scale.

HAM-D Scale: to assess the severity of depression

- 0-11: no/minor depression
- 12-18: less than major depression
- 19-24: major depression
- >/= 25: severe depression

Stigma score from EMIC: Prospects such as illness, distress, illness belief, diminished self-esteem, and social rejection concern. Response to each was coded on a 0-9 scale. Higher values indicated higher stigma.

SPR Scale: Measures prominence of somatic symptoms as described by patients.

- 0: no symptom mentioned.
- 1: symptom mentioned only after probe.
- 2: symptom mentioned spontaneously.
- 3: symptom emphasized only after probe.
- 4: symptom emphasized spontaneously.
- 5: symptom most distressing.

According to the values of the rating scales, inferences about social stigma in the causation of somatic symptoms in patients of Major Depression and Somatization were drawn.

	Major Depressive Disorder Mean ± SD#	Somatization Disorder Mean ± SD	t	df##	p
HAM-D1	24.64± 4.08	15.27 ± 2.23	9.67	48	<0.0001*
HAM-A2	18.07± 5.79	17.73 ± 5.16	0.2189	48	0.8277**
Stigma Score (EMIC3)	51.25± 13.9	14.14 ± 5.51	11.764	48	<0.0001*

Table 4. EMIC

Mean SPR for somatic symptoms in patients with Major Depression was 1.54(±1.5) while Somatization was 4.23(±0.87), which were statistically significant denoting higher presentation of somatic symptoms in somatization disorder. (Table 5)

RESULTS

The study included total 50 patients; 24 males and 26 females.

HAM-D scores of the majority of subjects (56%) fall in moderate to severe depression score (>=19). (Table 1)

HAM-D*	n**	%
Mild (12-18)	22	44%
Moderate (19-24)	12	24%
Severe (≥25)	16	32%

Table 1. HAM-D Scale

Nearly 50% of patients had stigma score (EMIC Score) >=41, and 36% had scores in the range of 11-20. (Table 2)

Stigma Score	n**	%
0-10	3	6%
11-20	18	36%
21-30	2	4%
31-40	2	4%
41-50	10	20%
51-60	8	16%
61-70	4	8%
71-80	3	6%

Table 2. EMIC Score

Out of 50 patients, 22 emphasized their somatic symptoms on probing/spontaneously while 26 emphasized depressive symptoms on probing/spontaneously. (Table 3)

SPR*	SS¹	DS²	An³	SD⁴	DA⁵	Fi⁶
0	6	6	-	2	-	-
1	12	6	8	14	8	10
2	7	5	21	18	21	18
3	3	7	15	15	15	9
4	9	11	5	1	6	7
5	13	15	1	-	-	6

Table 3. SPR Scale for Somatic Symptoms & Depressive Symptoms

Mean stigma score for patients of Major Depression group was 51.25(±13.9) while for Somatization was 14.14(±5.51), which were statistically significant revealing stigma in depressive patients was much higher. (Table 4)

	Major Depressive Disorder Mean \pm SD#	Somatization Disorder Mean \pm SD	t	df##	p
SS ¹	1.54 \pm 1.5	4.23 \pm 0.87	7.4674	48	<0.0001*
DS ²	4.14 \pm 0.80	1.82 \pm 1.82	6.0712	48	<0.0001*
An ³	2.25 \pm 0.84	2.59 \pm 1.05	1.2706	48	0.2100**
SD ⁴	2.00 \pm 0.77	1.95 \pm 1.09	0.727	48	0.8636**
DA ⁵	2.11 \pm 0.79	2.73 \pm 0.94	2.5475	48	0.014*
Fi ⁶	3.11 \pm 1.26	2.00 \pm 1.07	3.2971	48	0.0018*

Table 5. Comparison of SPR for Somatic Symptoms

DISCUSSION

The study was propelled by the fact that the number of patients with depressive disorders and somatization presenting to psychiatric outpatients is only the tip of the iceberg. A large proportion of patients either do not accept their illness mainly because of the fear of stigma associated with mental illness or present predominantly with somatic complaints. Social stigma has been reported as an essential factor to influence the symptomatology of depressive disorders. It may change the entire clinical presentation of the patient. The patients were diagnosed using DSM-IV TR criteria for Major Depression and Somatization disorder. All patients were assessed for stigma scores using EMIC. Choudhary et al. have also used EMIC in their study for similar work.⁸ Our study used HAM-D to categorise the severity of depression and SPR scale for somatic symptoms. Similar scales were also used by Raguram et al.⁷

Total 50 patients were enrolled in this study, out of which 28(56%) met the DSM-IV TR criteria for Major Depressive disorder, and 22(44%) met the criteria for Somatization disorder. 24(48%) were males and 26(52%) were females. 21(42%) patients were from a rural background and 29(58%) were from an urban background. Majority 24(48%) were in the age group of 26-35 years.

HAM-D scores in Major Depressive Disorder group were in moderate to severe range (mean 26.64 \pm 4.08) while for Somatization disorder majority had mild depression with mean 15.27 \pm 2.22. Stigma scores for EMIC for Depression group was higher (13-75 and mean 51.25 \pm 13.94) as compared to Somatization disorder (10-33 and mean 14.13 \pm 5.5). The difference was statistically significant, revealing stigma in depressive patients was much higher. In a South Indian study conducted by Raguram et al. on depression, somatization and stigma, similar results were obtained.⁷ The difference in stigma score in depressive disorder could probably be due to culture variations, lack of psychological orientation and stigma attached to psychiatric problems.^{9,10}

On comparing the stigma scores of patients from rural and urban background it was found that mean stigma score in rural patients was 48 while urban was 25.45 which was statistically significant, thus denoting that social stigma was far higher in rural patients. Our finding was comparable to the studies carried out by Niewsm JA, Pepper CM.¹¹

The mean SPR score for somatic symptoms was higher (4.23) for patients with Somatization as compared to those of Depression (1.54). The difference was statistically

significant reflecting that lower stigma is associated with patients having somatic complaints.

While our study has conclusions similar to study carried by Fried M; Piralic S., they found that fear of stigma increases with depressive symptoms.¹² Similar results were also observed by Niewsm JA, Pepper CM and they concluded that Indian population, as compared to US counterparts, are more likely to present with somatic symptoms as a typical feature of depression.¹¹

CONCLUSION

The study was aimed to assess social stigma in patients with Major Depressive Disorder and Somatization disorder. Higher mean stigma scores were found in patients with Major Depression proving that experience of stigma was associated with depressive disorder rather than somatization disorder. It was also found that more severe the depression, more the social stigma. Expression of somatic symptoms was comparatively less stigmatizing than depressive symptoms.

REFERENCES

- [1] Goffman E. Stigma: notes on the management of Spoiled identity. Englewood Cliffs, New Jersey: Prentice Hall 1963.
- [2] Dudley JR. Confronting stigma within services system. Social Work 2000;45(5):449-455.
- [3] Kleinman AM. Depression, somatization and the new cross-cultural psychiatry. Soc Sci Med 1977;11(1):3-10.
- [4] Gada MT. A cross-cultural study if symptomatology of depression--eastern versus western patients. Int J Soc Psychiatry 1982;28(3):195-202.
- [5] Derasari S, Shah VD. Comparison of symptomatology of depression between India and U.S.A. Indian J Psychiatry 1988;30(2):129-134.
- [6] Ananth J, Engelsman F, Ghadirian AM, et al. Depression and guilt in Indian and North American patients: a comparative study. Indian J Psychiatry 1993;35(1):36-39.
- [7] Raguram R, Weiss MG, Channabasavanna SM, et al. Stigma, depression and somatization in South India. Am J Psychiatry 1996;153(8):1043-1049.
- [8] Chowdhury AN, Sanyal D, Bhattacharya A, et al. Prominence of symptoms and level of stigma among depressed patients in Calcutta. J Indian Med Assoc 2001;99(1):20-23.

- [9] Escobar JI, Gomez J. Depressive phenomenology in North and South American patients. *Am J Psychiatry* 1983;140(1):47-51.
- [10] Teja JS, Narang RL, Aggarwal AK. Depression across cultures. *Br J Psychiatry* 1971;119(550):253-260.
- [11] Nieuwsma JA, Pepper CM, Maack DJ, et al. Indigenous perspectives on depression in rural regions of Indian and the United States. *Transcult Psychiatry* 2011;48(5):539-568.
- [12] Freidl M, Piralic Spitzl S, Aigner M. How depressive symptoms correlate with stigma perception of mental illness. *Int Rev Psychiatry* 2008;20(6):510-514.