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Pseudo Relationships: An Interpersonal Characteristic of Patients with Somatic Symptom Disorder in an Iranian Sample

Alaleh Vaziri[1] (PhD), Maryam Esmaeilinasab[1] (PhD), Mostafa Hamdieh[2] (MD), Hojatollah Farahani[1] (PhD)

1. Department of Psychology, Faculty of Humanities, Tarbiat Modares University, Tehran, Iran
2. Department of Psychiatry, Shahid Beheshti University of Medical Sciences, Tehran, Iran

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Corresponding Author:
Maryam Esmaeilinasab,
Department of Psychology,
Faculty of Humanities,
Tarbiat Modares University,
Tehran,
Iran
E-mail: esmaeilinasab@modares.ac.ir

Abstract

Introduction: Somatic Symptoms Disorder (SSD), is one of the psychological issues which is highly influenced by cultural factors. Numerous studies have indicated a high prevalence of SSD in Iran, which may be due to cultural factors that influence interpersonal relations. To address this issue, the aim of this study was to explore interpersonal patterns of Iranian patients with SSD.

Method: A qualitative thematic analysis was performed on data collected from 34 interviews with patients, patient's relatives and mental health professionals. The sample were recruited throughout a purposeful and theoretical sampling.

Results: Thematic analysis revealed an overarching theme: pseudo relationships. This theme was shaped by two organizing themes: 1- Pretending flawlessness in relationships with two subthemes: (pretending perfection in interpersonal relations and denial of interpersonal problems) and; 2- Relational depth avoidance with two subthemes (development of symptoms to avoid interpersonal expectations, distance and friendship).

Conclusion: From the results of this study, it can be concluded that Iranian SSD patients try to deny their interpersonal problems, avoid deep interpersonal relations and keep their relationships at a superficial level which suggests considerations for treatment.

Keywords: Somatic Symptom Disorder, Interpersonal Relations, Iranian Culture, Thematic Analysis

Introduction

Somatic manifestation of psychological issues has always been one of the greatest interests of mental health clinicians and researchers. For several years, the term "somatization" was used to describe this phenomenon. This term was gradually replaced by more descriptive terms such as "medically unexplained symptoms," or "functional somatic symptoms" [1]. In DSM-5, the term SSD, became an overarching term, which substituted other terms in previous editions of DSM, including "somatization," "illness anxiety disorder," or "conversion disorder" [2]. In this study, the term SSD used interchangeably instead of the previously mentioned terms.

SSD is one of the most important health issues that is highly related to interpersonal relations [3]. Interpersonal relations can positively or negatively influence health, since they can be sources of support as well as stress [4]. Relationships are considered to be as crucial health risk factors as other famous health risk factors such as smoking or physical activity [5]. Generally, somatization can be understood as an individual's difficulty in expressing affects that interfere with their relationships [6]. Previous research findings indicate that SSD patients' relational world is often characterized by considerable interpersonal problems and representations of others that may hinder the expression of affect [7].

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relations [3]. Interpersonal relations can positively or negatively influence health, since they can be sources of support as well as stress [4]. Relationships are considered to be as crucial health risk factors as other famous health risk factors such as smoking or physical activity [5]. Generally, somatization can be understood as an individual's difficulty in expressing affects that interfere with their relationships [6]. Previous research findings indicate that SSD patients' relational world is often characterized by considerable interpersonal problems and representations of others that may hinder the expression of affect [7].

Several studies have attempted to describe mechanisms by which interpersonal relationships can influence a person's health positively or negatively. For example, recent theoretical models suggest that supportive relationships can both help people cope with stress and enable them to meet the basic needs of social relationships (such as safety and intimacy), thereby promoting health [8]. It is believed that somatization is caused by the interruption of the empathic relationship with the caregiver in early life [9]. Insecure attachment and early interpersonal traumatic experiences may cause in the perception of others as rejecting or unavailable. If such perceptions begin from early experiences with caregivers in the childhood, which is the time when the capacities for affect symbolization and verbal expression are developing [10], then, deep interpersonal insecurity may inhibit the development of mature affect expression and interpersonal affect regulation potentials. This can in turn cause a tendency to express distress somatically, which is resemble the earlier stages of development. Even if a person develops the adequate emotion expression capacities to others (i.e., does not have alexithymia), yet he/she perceives others as rejecting or unavailable to respond to his/her emotional expression. This person may still experience distress as somatic symptoms at the most stressful times, this can explain somatic symptoms among non-alexithymic patients [11].

Culture is another important factor that can highly influence both somatic symptoms and interpersonal relations. Somatic symptoms with assumed psychological origins, have been reported in almost all cultural groups and well documented internationally. However, the manifestation of symptoms and their prevalence are different across cultures [12]. Generally, somatic symptoms seem to be more common among patients living in developing countries [1]. It seems that variations in symptom presentation across different cultures are likely the result of the interaction of multiple factors within cultural contexts. This does determine how people identify bodily sensations, perceive illness and seek medical care for them [13].

According to the literature, one of the cultural contributing factors to the prevalence of the phenomenon of somatization, is collectivism. Literature suggests that people from collectivistic cultures are more likely to be impaired in their capacity to communicate psychological experiences, thus, they are more likely to somatize [14]. Interpersonal relationships are relevant to the concept of psychological distress. Since this relationship is rooted in culture, understanding cultural knowledge is essential for understanding psychopathology [15].

Iranian culture is highly influenced by the collectivist value system [16]. Furthermore, many previous studies suggested the high prevalence of SSD in Iran [17, 18]. Rouhparvar found that Iranian-Americans are a highly somatizing group comparing to a non-Iranian groups [19]. Although such data are limited, it is commonly believed that Iranians tend to express feelings of distress through physical symptoms [20]. Similarly, Good and Good [21] found that somatic symptoms reported by Iranian patients, including chest pain or digestive problems were psychosomatic equivalents of depression and anxiety in patients without an organic diagnosis for these symptoms.

Given the above introduction and the high prevalence of somatic symptoms in Iran [16, 21], the role of interpersonal relations and culture in somatization among Iranian people, it seems that there may be a specific interpersonal pattern in Iranian patients with SSD that is influenced by the Iranian culture. A number of studies exist in the literature about the phenomenon of somatization among Iranian people. However, no study was found to suggest the potential patterns of interpersonal relations in SSD patients. Therefore, the aim of the current study was to discover the patterns of interpersonal relations in Iranian patients with SSD.

As mentioned previously, SSD is a multidimensional phenomenon, which is greatly influenced by a variety of cultural, and psychological factors. Therefore, an in-depth and multi-faceted method is needed to study this phenomenon. Normally, qualitative methods are used for these kinds of studies [22]. Also, among the various aspects of SSD, the present study intended to address the issues of interpersonal relationships and extract a potential pattern of it in the socio-cultural context of Iran. Considering this issue, among the qualitative methods, the method of thematic analysis was chosen for this topic, since thematic analysis is a method that is able to systematically observe and explain the interaction between people and explain the cultural components involved in a phenomenon [23]. Also, thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data [24].

Method

A qualitative thematic analysis was performed in this study. Data were collected using individual in-depth interviews. The statistical population included SSD patients who were referred to mental health professionals at therapeutic centers in Tehran, Iran, in 2019. A purposeful and then theoretical sample of 34 participants was required. The sample population consisted of 14 patients, 15 mental health professionals, and five patient's relatives. Patients were diagnosed as SSD by clinical interviews which, were held by psychiatrists and clinical psychologists. Sampling was continued until reaching saturation. Saturation is the point in data collection that no new information becomes apparent in relation to the target phenomenon [25]. Demographic characteristics of the patients and their relatives can be seen in the Table1.

Table 1. Demographic Characteristics of Patients

Participant's Number	Age	Education	Gender	Marital Status	Position
1	49	High school diploma	Female	Married	Patient
2	40	Bachelor degree	Female	Married	Patient
3	35	Master degree	Female	Married	Patient
4	38	Master degree	Male	Married	Patient's Relative
5	32	Bachelor degree	Female	Married	Patient's Relative
6	40	High school diploma	Male	Married	Patient
7	40	High school diploma	Male	Married	Patient
8	60	Secondary education	Female	Married	Patient
9	36	Secondary education	Male	Married	Patient
10	35	College degree	Male	Single	Patient
11	32	High school diploma	Female	Single	Patient
12	40	High school diploma	Female	Single	Patient
13	65	Bachelor degree	Female	Married	Patient
14	65	Bachelor degree	Male	Married	Patient
15	35	Master degree	Female	Single	Patient's Relative
16	41	PhD	Female	In a relationship	Patient
17	48	High school diploma	Female	Married	Patient's Relative
18	40	High school diploma	Male	Married	Patient
19	43	High school diploma	Female	Married	Patient's Relative

As mentioned, our sample also involved mental health specialists and patients' relatives. In this study, patients' relatives refer to relatives who accompany patients during hospitalization or medical appointments, this is a prevalent phenomenon in Iran since people rarely attend to medical appointments alone. The reason for requiring those people was to ask their relational patterns with SSD patients. For example, mental health professionals were asked about potential relationship differences they might encounter in professional contacts between SSD patients and other patient groups. The inclusion criteria for patients included being diagnosed as SSD by mental health professionals, not being in the phase of active psychosis at the time of the interview, not being under influence of substances at the time of the interview and participating in the research voluntarily.

The data were collected through individual in-depth interviews with all participants. In the initial phase of the research, an interview was designed and conducted as a pilot. Then, it was reviewed by the members of the research team to assess its clarity and appropriateness to the objectives of the research. Interviews focused on relational issues of SSD patients according to their own viewpoints as well as, mental health professionals' viewpoints. Interviews were taken place in Taleghani and Parsian hospitals in Tehran, Iran, as well as private offices of professionals who were involved in the study. All the interviews were conducted by the first author. The interviews were semi structured, began with general questions such as "Would you please tell me about your relationships with your significant others?'' They were then carried forward with more specific probe questions as "Can you explain further"? or "Is your relationship so intimate that you feel comfortable to express your emotions?''. The exploratory questions are designed to encourage participants to accurately describe their experiences and obtain more in-depth information. Researchers also observed and considered nonverbal signs as clues to further ask participants about their relationship issues, such as crying, laughter, and pain episodes during the interview. The interviews were recorded digitally with participants' permission. All patients obtained an informed consent.

Audio-recordings of the interviews were transcribed verbatim. The data sets were analyzed using Braun and Clarks [26] method of thematic analysis. Thematic analysis is a method that can extract, analyze and report themes from data. It minimally organizes and describes data [27]. Furthermore, thematic analysis interprets various aspects of the research topic [23]. The present study applied thematic analysis at the latent or interpretative level. A thematic analysis at the latent level goes beyond the semantic content of the data and starts to identify ideas, assumptions and conceptualizations. The reason for applying this type of thematic analysis was to have access to implicit issues that did not exist at the immediate awareness of the participants and made inference about them [24].

Multiple steps were included in the process of analysis. First, the transcripts were analyzed separately by two researchers including the first author and the second author (as a research supervisor), and the first-level open coding was performed for the content. Next, the codes were compared with paying attention to similarities and frequenting patterns. The outcome of this stage were discussed between both researchers several times and adjustments were made. Then, the initial codes were reviewed between the research team (peer review check) and evolved to new codes and themes. In order to enhance reliability, the process of analysis needs moving back and forth between transcriptions, codes, and themes [28]. Therefore, constant comparisons were made to ensure that all codes and themes were grounded in the original transcripts. Member checks were also conducted on some interviewees. In order to increase the trustworthiness of the research, the researchers tried to maximize the diversity of the sample by including more diverse participants considering gender, education, and

social class, even though the sampling method is based on the purposeful and theoretical sampling according to the qualitative methodology [29].

Result

As a result of thematic analysis, some core themes have emerged. One of the overarching themes that this article is about was pseudo relationships. Within this theme, two organizing themes were also identified. Also, there were two subthemes within each organizing theme. The process of emergence of themes is explained in the table below and the following sections describe each theme with their subthemes, with specific samples in transcripts. Themes and subthemes are listed in the table below (Table 2).

Table 2. Themes and Subthemes that Emerged from Data Analysis

Subthemes	Organizing Themes	Overarching Theme
Pretending perfection in interpersonal relations	Pretending flawlessness in relationships	Pseudo relationships
Denial of interpersonal problems		
Developing symptoms for avoiding interpersonal expectation	Relational depth avoidance	
Distance and friendship		

The Overarching Theme of Pseudo Relationships

As a result of this research, the overarching theme of pseudo relationships refers to the tendency to keep interpersonal relations on the superficial level, without depth and emotional richness. In addition, according to this study, SSD patients need and desire the physical presence of others around them and they are dependent on their significant others, however, their relationships with others are superficial and meaningless. Because of these characteristics, the term pseudo-relationship was chosen to identify the theme. During the interviews, patients described their relationships with words such as: "brilliant" or "perfect". However, further questioning revealed that their relationships are not only far from "perfect," but also embedded with deficiencies.

Participant No 26, a clinical psychologist: *One thing that I noticed about these patients as a pattern is that when they are asked about their relationships with others, for example with their wives or children, they are very insistent on saying that everything is fine with their family. However when you go further in your clinical work, you will notice that how problematic their relationships are. Then, when you face them, they have a strange resistance to identify these relationship problems, and they become extremely anxious as if the subject is unfamiliar with them."*

Participant No 25, a psychiatrist: *The first defense mechanism that is noticeable in SSD patients is denial. If you ask them about their problems, they would say "there is nothing wrong with me, or "no one in our family has never had mental health issues''. In short, they try to normalize. Sometimes, you even have to educate them about the existence and importance of their own psychological problems.*

Two other organizational topics related to this theme were identified as features of pseudo-relationships: 1) pretending flawlessness in relationships and 2) depth avoidance in relationships. These themes are explained below.

Pretending Flawlessness in Relationships

This overarching theme consists of two subthemes as: 1) pretending perfection in interpersonal relations; 2) denial of interpersonal problems.

Pretending flawlessness in relationships refers to a tendency in Iranian SSD patients to pretend perfectness in their relationships with significant others in front of strangers and also mental health professionals as one of those strangers. Most of these characteristics appeared in clinical interviews. When SSD patients were asked about their interpersonal relationships, they intended to pretend that their relationship was flawless and without any problems, but further inquiries revealed serious problems in the relational world of patients. In some cases, it seems that it is just a pretension, however, in other cases, it seems that it is more than that and there might be a defense mechanism of denial, that inhibits SSD patients to see and understand their relational problems.

Participant No 1, a 49 years old, female patient:

Interviewer: How is your relationship with your husband?
Interviewee: It is fine. Very good.
Interviewer: What do you mean by fine?
Interviewee: I mean when something goes wrong, we just ignore it. For example, he is very jealous, even jealous of my relationship with my sisters or friends. If I see them more than twice a month, he will be angry. And he would do something to destroy my friendships.
Interviewer: So it is not as good as you said?
Interviewee: No it is not, I only try to compromise.

Participant No 8, a 55 years old, female patient:

Interviewer: How is your relationship with your sisters?
Interviewee: It is good.
Interviewer: But you have said you are upset with them because they didn't care about you and your illness and you told me ''why should I have such sisters''?
Interviewee: I just wish they weren't upset with me.

Depth Avoidance in Relationships

This organizing theme refers to an attitude in SSD patients, to maintain their relationships on the surface without any interest in making them deeper. It seems that low-frequency relationships are also the greatest interest of SSD patients, according to their direct expressions as follows:

Participant No. 15, a 43 years old, female patient's relative: *Something that I can tell you about my friend (the patient) is that although she self-discloses a lot about her personal life, I don't feel that we are close friends. I often feel that I*

don't have space in our friendship. I feel that our friendship is not mutual and reciprocal.

Participant No. 1, a 49 years old, female patient: *I believe that the best kind of relationships, are relationships which are low frequent, because no problem would arise in low frequent relationships. Even between mothers and daughters or siblings, this kind of relations would be the best, you know.*

Two subthemes formed this organizing them: 1) developing symptoms for avoiding interpersonal expectation and 2) distance and friendship.

Some of the participants mentioned experiences about the relationship between symptom development and escaping from social expectations in themselves or others:

Participant No 19, a 43 years old, female patient's relative: *I remember from my childhood that whenever my mother and my aunts gathered, they started to talk about their illnesses, to the extent that the main topics of conversations in their family gathering was pain and illness. Sometimes I wonder, perhaps one reason that my mom and aunts shared so much about their health issues, was that they did not count on each other.*

Distance and friendship is an Iranian proverb which is similar to the English saying "Distance makes hearts fonder". Some of our patients even mentioned this proverb directly expressing their attitudes about their relationships.

Participant No 18, a 40 years old, male patient: *Whenever my pain starts, my relationship with my wife improves. Because she tries not to come around me, (he laughed stirringly), therefore, distance and friendship.*

Participant No 3, a 35 years old, female patient: *My nerve attacks started from the time that my mother disagreed with my marriage. After that, I don't feel close to my mother, I always try to escape from her. I feel sorry for her, she tries to be kind with me, but I don't let her to do so. I keep distance.*

Discussion

The aim of this study was to identify interpersonal relationship patterns of Iranian SSD patients. One of the overarching themes that emerged was the core theme of pseudo relationships, which is the topic of this article. Within this theme, two organizing themes were also identified: 1) Pretending flawlessness in relationships. 2) Depth avoidance. As these themes suggested, Iranian SSD patients prefer to keep psychological distance from significant others, while they depend on the others' physical presence. Therefore, assuming that their relationship is not real in some sense, the term pseudo-relationship was chosen to name this phenomenon.

Regarding the core theme of pseudo relationships, our findings are consistent with some previous findings. For instance, Lingiardi, and McWilliams [30] assert that in patients with somatic complaints, relationship with the body substituted meaningful relationships with other individuals. In another study, Luyten et al. [31] suggested that patients with SSD perceive themselves as caring and concerned with their relationships, while others perceived these patients as aloof and uncaring.

Literature suggests comparable relational patterns in people with alexithymia. In the history of psychology, many previous studies mention about the prevalence of this trait in SSD patients [32-35]. In fact, it was in the context of psychosomatic research that the alexithymia concept was introduced [32]. Generally, alexithymic patients have a tendency toward social conformity and conflict avoidance, also they tend to approach others in a cold, or detached way. These patients avoid close social relationships. If they relate to others, they tend to be either dependent or impersonal. Therefore, the relationship remains superficial [36].

The other main finding of this study is reflected in the organizing theme of pretending flawlessness in relationships. This theme suggested that SSD patients in Iranian culture tend to pretend in front of outsiders that their relationships are perfect and flawless. According to previous studies, there are cultural explanations for this characteristic. For example, in the Iranian culture, there are some cultural factors that hinder the sincere expression of emotions [37]. It is known that sincere expression of emotions is an important factor that can deepen relationships [7]. Furthermore, within the framework of the collectivism of the Iranian culture, the need for interpersonal relationships is highly emphasized and valued [16]. Additionally, it is a common concern in the Iranian culture that manifestation of interpersonal discord or negative emotions can ruin relationships and it may cause the loss of interpersonal support [38]. On this regard, Nassehi-Behnam [39] stated that for Iranian-American adolescents, family discord may result in increased stress not only because of the conflict itself, but also because of the loss of family support. Both the lack of interpersonal harmony and the loss of family support, violate Iranian cultural values, which may exacerbate the stressful effects of family discord on psychological maladjustment [40].

In accordance with the aforementioned statement, Hosseini [41] asserted that Iranians consider expression of emotional distress and anxiety to be damaging to an individual's and their family's reputation. Therefore, in order to avoid this, the emotionally distressed person will express anxiety through bodily complaints. This finding can be consistent with the present study's results, in the sense that SSD patients may prefer to pretend flawlessness in their relations in order to avoid interpersonal discord because of the presumed interpersonal consequences.

Another reason that can be attributed to pretending to be flawless in interpersonal relationships is the widespread distrust in the Iranian culture [42] as mentioned earlier. In the Iranian culture, family ties take precedence over all other social relationships [39]. In addition, people are supposed to mainly seek help within the family bond, because it is generally believed that people outside the family are not reliable [20]. Hence, disclosure of a "private" interpersonal issue would be a sensitive matter as it may point to the person's weakness, leading to abusive behavior from those outside of the family circle [16].

The other finding of the present study that is reflected in

the theme of "relational depth avoidance" indicates that SSD patients may avoid deepening their relationships by developing symptoms or preferring distance and friendship. Consistent with this finding, Pliskin [20] mentioned that in the Iranian culture, people may be reluctant to express emotions and complaints about bodily discomfort are commonplace. The bodily complaints may be consciously used to manipulate others in distressing social situations. Although many Iranians see no connection between personal problems and physical pain and often do not like to talk about their personal problems.

Conclusion

The findings of the present study suggested that patients with SSD in Iran prefer superficial interpersonal relations. In addition, they avoid deepening interpersonal relations with significant others, while prefer them to be around and have physical presence. SSD patients in our study tried to avoid deep interpersonal relations by means of developing physical symptoms.

This study was based on the deep and inclusive exploration and investigation of SSD patients' stories and viewpoints. Therefore, the findings of this study could represent new knowledge about the psychological characteristics of patients. Hence, these themes can provide hypothesizes for future research. The results of this study and the themes can also be included in tailoring psychotherapeutic plans that address the interpersonal problems of Iranian SSD patients. Moreover, it can help providing psychoeducational materials to educate the general population to promote mental health.

There were a number of limitations in the present study. Most of these limitations were inherent in qualitative methodology. For example, all data were retrospectively collected throughout interviews which means there might be memory and response biases. The sample represents patients who participate in the research voluntarily. This means that they had the will and ability to verbally express themselves. Therefore, they may not be representative of all SSD patients. The participants in this study consisted only of adults. We recommend that future studies be conducted on children and adolescents.

Conflict of Interest

The authors have no competing interests to report and no financial benefits from this study.

Ethical Approval

The present research was approved by the Tarbiat Modares University as the Ph.D. thesis of the first author and all participants declared official consent.

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