

Research Progress on Pathogenic Causes and Psychological Intervention in Patients with Somatoform Disorder

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Abstract

Somatosomal disorder is a chronic and fluctuating course of disease. It is difficult to diagnose the discomfort felt by the patient by pathology, which has a great impact on the patient's life. At present, the cause of the disease is still unknown, and the psychological intervention program is still in the exploration stage, so this article summarizes the causes of the disease and psychological intervention measures.

Keywords

Somatoform disorder; Pathogenic factors; Psychological intervention; Research progress.

1. INTRODUCTION

Patients with somatoform disorder (SD) are mainly characterized by repeated physical discomfort, which is difficult to explain with pathology. Most doctors are difficult to diagnose the disease progress through their own experience, which often leads to misdiagnosis or missed diagnosis. However, patients often have repeated examinations because their symptoms cannot be treated, which will further increase their psychological burden. Previous studies have also pointed out that SD patients may have obvious negative emotions due to long-term physical discomfort [1]. At present, the pathogenesis of the disease is not clear, but the analysis of its predisposing factors and reasonable intervention are important factors to improve the clinical symptoms and psychological burden of patients. Relevant reports found that psychological factors are the main factors affecting the occurrence of the disease, so psychological intervention should be given to patients [2]. Based on this, this paper summarized and analyzed the causes of the disease and the status quo of psychological intervention.

2. CONCEPT

SD is a kind of psychological disorder disease. The patient has persistent physical symptoms, and will repeatedly carry out various examinations because of these symptoms. After getting negative results, the accuracy of the results will be questioned. However, in the patient's view, there are many physical disorders, but it is impossible to explain the cause of the symptoms or the patient has the concept of preemption, resulting in adverse symptoms. In addition, for the patient, even though the symptoms are related to psychological conflict, It is often difficult to

accept the existence of psychological factors, and even gradually appears depression and anxiety.

3. CLINICAL CHARACTERISTICS

The onset of SD is mostly slow, the course of disease is continuous, and the symptoms are sometimes mild and severe, often leading to social function defects.

Somatization disorder: patients with somatization disorder mainly have gastrointestinal discomfort, abnormal skin feeling, skin spots and other symptoms.

Hypochondria: Hypochondria is also the most important clinical manifestation of SD patients. Patients worry or believe that they have serious physical diseases because of their preconceptions. The patients with this symptom often suffer from physical disease or mental stimulation, worry too much about their physical health and disease, think they have a certain disease, and have negative emotions such as anxiety, rather than being distressed about the consequences of the disease. There are also some patients who are sensitive, suspicious and overly concerned about their health. Now, they make suspicious explanations for the daily physiological phenomena such as heartbeat and abdominal distension [3].

Autonomic nerve function disorder: the patient with this symptom mainly shows somatic disorder symptoms of the organ system dominated by autonomic nerve. Most patients have palpitations, sweating and other symptoms, and will have individual characteristics and subjective pain. What is important is that patients can not explain the reason for this symptom after receiving a variety of examinations. Because the location and feeling of the symptom are special, they will classify the symptom as a disease caused by a certain system.

Persistent somatoform pain disorder: once the patient is stimulated by stress events, it can directly lead to pain, but no physical disease is found through inspection. According to statistics, the course of the disease of patients with this symptom is often prolonged and difficult to recover, and will affect the social functions of patients such as life [4].

4. PATHOGENIC CAUSES

Somatosomatic disorder is a common psychiatric disorder in clinical practice, especially in cardiology, gastroenterology and other departments. Most patients show a variety of physical discomfort, mainly fatigue, palpitations, etc., but the patient has not found the cause through multiple medical examinations. However, there is little clinical research on the disease. Many doctors cannot correctly identify the disease, causing patients to constantly rush to major hospitals. It wastes a lot of medical resources, so it is very important to analyze the pathogenic factors of the disease.

4.1. Genetic factors

Previous studies have shown that the occurrence of various diseases in the body is related to the genetic regulation mechanism, which may provide a new diagnosis and treatment idea for clinical patients who cannot explain the causes of many diseases [5]. Relevant reports have found that prolonged exposure of pregnant women to the external environment can increase the sensitivity of the fetus to this stress reaction in vivo, so that the fetus may feel uncomfortable when it experiences this stress event again after birth [5]. Some foreign scholars have found that genetic variation is related to the occurrence of a variety of psychological diseases, and it may also be related to the occurrence of this disease [6].

4.2. Personality factors

Many studies have shown that the onset of SD patients has a certain personality basis. Some scholars found through multiple logistic regression analysis that the degree of symptoms of SD

patients is correlated with the severity of paranoia, mental weakness, hypomania, social introversion, etc. in the pathological personality, which further confirmed that the disease has its personality basis [7-8]. Such patients often have the characteristics of isolation and apathy. Relevant reports analyzed the scores of somatic disorders, and found that the scores of hypochondriasis and depression were higher than those of normal people. Studies have shown that SD patients generally have abnormal neuroticism [9]. Previous studies have found that when patients with specific personality traits are stimulated by stress events, they can have multiple types of psychological problems such as individual emotions [10].

4.3. Physiological factors

The normal physiological structure of the brain is the premise for normal mental activities. If the brain structure is abnormal, it can directly affect mental activities. Some scholars found that SD patients have brain stem attention changes [11]. It has also been found that patients with this disease have autonomic nervous function impairment, which is an important reason for their various sensory abnormalities [12]. Previous studies have also analyzed the pathogenesis of SD from the perspective of psychoneuroimmunology, suggesting that patients' irritability may be related to the abnormal connection between the immune system and the brain [13]. When the body suffers from stress events, it can affect the secretion of synaptic mediators, leading to changes in nerve conduction pathways, and causing abnormal processing of stimulus information in the cerebral cortex.

4.4. Psychological factors

Cognitive factors: cognitive characteristics of SD patients mainly include attention, memory, thinking, logical reasoning and other cognitive functions. Bad cognition can lead to the generation of bad emotions and the change of patients' thinking. The physical symptoms and emotions of the patient have dysfunction in the central nervous transmission pathway. If the patient's emotions cannot be transmitted to the cerebral cortex, they can be displayed through autonomic nerves.

Emotional expression: Alexithymia refers to the inability to express the inner feelings for various reasons. Some studies have found that it is related to the occurrence of SD. The patients are not good at expressing their inner feelings and repress them for too long. When external stress events occur, they will lead to a series of external discomfort in the body. However, after multiple examinations, the patient's own condition has not been alleviated and improved due to clinical treatment, which can aggravate their anxiety, restlessness and other emotions, forming a vicious circle and ultimately promoting the progress of the disease.

Defense style: it is found from relevant research results that patients with immature defense mechanisms also have more severe discomfort symptoms [13-14]. Morbid personality makes patients tend to adopt bad defense mechanisms when facing adverse events, which can aggravate the development of morbid personality [15]. Relevant studies have found that immature defense styles can lead to the occurrence of psychological diseases, and improving their defense styles can help improve the condition, thereby further enhancing the effect of improving clinical symptoms [16].

4.5. Social factors

Social events: SD is often induced by life events. After negative life events happen to patients themselves or around them, they are in a state of stress for a long time, which induces SD. Relevant studies believe that the early increase of life pressure can improve the body's neurobiological system and reduce its psychological resilience threshold. When psychological conflict occurs, it is unable to effectively regulate emotional changes by itself, but it will show emotions in the form of physical discomfort [17].

Social support: previous reports have pointed out that social support is related to the occurrence of a variety of psychological diseases, which can be improved by increasing social support [17]. In the process of individual growth, various emotions will be generated due to external factors. Different people will summarize different personal experiences according to their own psychological conflicts. The more stable the relationship between individuals and other people, the stronger the support that society can provide. Some studies have pointed out that the social support of SD patients is significantly lower than that of normal people. Previous studies analyzed the social support of SD patients and normal people, and found that the utilization of subjective support of patients with this disease was significantly lower than that of normal people [18]. Low social support may cause patients to suffer from SD, and the lack of due social support after the onset of the disease will also promote the development of the disease, and will lead to their daily living ability.

4.6. Family factors

Relevant studies have pointed out that the family intimacy and emotional expression ability of SD patients are worse than those of normal people, and they can not get enough help and support from their families, nor can they communicate effectively with other family members, which may lead to difficulties in feeling the warmth from their families [19]. Some scholars found that SD patients who hide in their young age and lack parental care are prone to loneliness, nervousness, abandonment and other feelings, which may be a predisposing factor affecting the occurrence of the disease [20].

5. PSYCHOLOGICAL INTERVENTION RESEARCH

At present, the common basis of psychological intervention for SD is to gain the trust of patients, accept their behaviors and ideas, and then establish stable treatment through orientation, support and empathy. Relevant studies have found that SD patients can be intervened from the aspects of personality improvement and establishment of social support system [21].

5.1. Classical psychoanalytic therapy

At present, the most commonly used psychological intervention method is the classic psychoanalytic therapy created by Freud. By introducing the most primitive psychological conflict in the subconscious of the patient into the field of consciousness, and then re-lieving and intervening in the field of consciousness, the patient can eliminate the conflict that causes abnormality and improve his personality structure. Freud and others believed that in the process of psychological growth of individual personality, many emotions, fantasies, fears, etc. would cause unbearable psychological pressure on individuals, and individuals could not digest these emotions, which led to the exclusion of the emotions out of consciousness to help patients stay away from bad emotions. However, previous studies have pointed out that under certain incentives, such patients are prone to mental and emotional problems, which will affect their mental health development [22]. During psychoanalytic therapy, free association, hypnosis and other methods are used to analyze the conflicts, contradictions and complexes in the subconscious, and then targeted psychological intervention is given based on this analysis. Foreign studies have confirmed that psychoanalytic therapy can effectively improve the poor mental state of patients with somatoform disorder [23]. However, due to the long treatment cycle, this treatment is rarely used in clinical practice, so many scholars have improved this psychological intervention method.

5.2. Kinetic therapy

Dynamic therapy is an improved intervention strategy of classic psychoanalytic therapy. Its therapeutic principle is also based on the subconscious theory, similar to classic psychoanalysis. In fact, by choosing methods such as disclosure or support, it can transform its unconsciousness into consciousness, support the patient's self-function, and further improve its psychological barriers. Previous studies have pointed out that this intervention method is helpful to improve the psychological abnormalities of patients with somatoform disorder [24].

5.3. Cognitive theory

The cognitive theory was put forward by Aaron Beck, who believed that it was not the event itself that affected patients' emotions and behaviors, but their views on events. Based on the cognitive model, the theory pointed out that the dysfunctional thinking mode was the main basis for causing psychological disorders. The emotional ABC theory measure proposed by American psychologist Ellis is a representative psychological intervention method in cognitive theory. He found that arousal event (A) is only the indirect cause of patients' bad emotions and behaviors (C), while the negative emotions, behavioral barriers and beliefs (B) generated by their cognition and evaluation of arousal events are the direct causes. Namely, the irrational belief generated by the patient's incorrect cognition of a certain motivating event is the main factor that causes the patient to have bad emotions and behaviors. Based on this theory, Ellis believes that rational emotional therapy is the main treatment method, which helps patients establish reasonable beliefs and change their behaviors due to bad beliefs through psychotherapy. The psychological intervention method based on this theory is cognitive behavior therapy, which promotes individual cognitive reconstruction and adjusts unreasonable cognitive mode through cognitive technology. Previous studies have pointed out that cognitive behavioral therapy can effectively reduce the negative emotions of SD patients [24]. Cognitive behavior therapy is to promote individual cognitive reconstruction through cognitive technology, adjust unreasonable cognitive models, and then promote the generation of healthy behaviors through relaxation training, automatic thinking record forms, behavior calls, etc. It has also been reported that most SD patients attribute their physical discomfort to the impact of moderate and severe diseases, but rarely regard it as a normal physical feeling, so cognitive therapy can effectively correct the patient's bad mood [25].

5.4. Morita therapy

Morita therapy, founded by Mashima Morita, is a commonly used psychotherapy for neurosis. Morita proved to be a neurotic patient, who founded Morita Therapy according to his own experience. Morita believed that the neuroticism was caused by the patient's obsession with some complicated things, his strong desire for life and fear of death, his excessive attention to his own health, and his stubborn prejudice. The main therapeutic principle of Morita Therapy is to let nature take its course and act as it pleases. It requires patients to eliminate ideological contradictions and accept troubles as a natural emotion, which can reduce the ideological contradictions and spiritual interactions caused by "seeking is not available". If patients can accept all discomfort symptoms and anxieties naturally, they can extricate themselves from the bondage mechanism to eliminate or avoid the negative effects of neuroticism. Clinical studies have confirmed that Morita therapy can be used for mental illness, personality disorders, etc., to cultivate the emotion of hypo-chondriac quality, so that it can get rid of the concept of disease. In view of the mechanism of the development of symptoms of mental interaction, according to the symptoms and experiences of patients, it can often make them experience obedience to nature, and ultimately play a role in improving the adaptability and quality of life of patients [26]. It has also been reported that Morita therapy can enable patients to face life with a peaceful mind. Morita therapy emphasizes not to simply eliminate symptoms as the goal of treatment,

but to liberate oneself from the quagmire of repeatedly trying to eliminate symptoms and learn to live with symptoms [27].

5.5. Endoscopic therapy

Nirvana therapy was proposed by Yoshin Gibbon, who found that he reflected on his past and the interaction between himself and the people around him through Buddhist "introspection" and other thoughts, so as to achieve the purpose of treating mental dis-orders. Endoscopic therapy focuses on the consciousness of evil. Patients can reflect on their own influence on others, or their own sense of guilt and guilt, so as to promote them to have the motivation to change, eliminate their hatred for others, and find the most au-thentic self. Some scholars in China have found that the combination of introspective cognitive therapy and cognitive therapy can effectively improve patients' physical symptoms and emotions [28]. Yoshin Gibbon proposed that the focus of insight therapy is to focus on the inner heart, accept the reality and the disease, at the same time, not rigidly adhere to the reality and the disease itself, continue to engage in their own work in the process of accepting the reality, and in this process make the disease naturally alleviate, or even disappear. Endoscopic therapy mainly includes three types: centralized, daily and progressive. Focused introspection means to reflect on one by one the actions taken by oneself against the people around, and then introspect one's own mistakes; Daily intro-spection refers to the daily regular introspection of a specific person, and writing daily introspection diary records; Progressive introspection refers to gradually increasing the daily introspection time to enhance the overall restraint, which can enhance the effec-tiveness of introspection.

5.6. KeMin-SuoMa-Shang JiaQi therapy

KeMin-SuoMa-Shang JiaQi therapy is an applied technology for emotional man-agement, psychological adjustment, and physical and mental recuperation. It takes Chinese traditional culture as the core, the core concept of "mutual elimination, self-perfection" as the core, and psychology, philosophy, genetics, physics and other disciplines as the basis. It is the product of the integration of Eastern I Ching culture and Western psychological concepts, The method of psychological intervention of patients in the process of playing chess finally reached a peaceful state. From the perspective of cultural background, Ke-Min-SuoMa-Shang JiaQi therapy was bred in the Book of Changes, which is more suitable for the Chinese people than Western psychotherapy, which is bred by Western culture, and KeMin-SuoMa-Shang JiaQi therapy, which has a strong and distinct culture of the Book of Changes. From the perspective of operating methods, Chinese people have a good yearning for music, chess, calligraphy and painting from ancient times to the present, according to the chessboard, the patient's self-state can be displayed, which can skillfully break the patient's psychological defense, Guide patients to tell their own stories, start emotional experience, and experience will bring cognitive changes. Some studies have pointed out that its intervention effect on anxiety, depression and somatic symptoms of patients with somatoform disorder is good [29]. The intervention of KeMin-SuoMa-Shang JiaQi therapy is to accurately and intuitively present the confused mind and mixed emotions through the chessboard based on the selection, change and movement of chess pieces, so that patients can narrate relevant emotional experiences, find the internal causes of physical symptoms, vent the long backlog of bad emotions through image dialogue and other methods, buffer the impact of stress events, and achieve the role of peace of mind and improve individual mental health. In the process of intervention, let the consciousness meet the subconscious, and the subconscious and consciousness are integrated to achieve a perfect integration of self-healing.

6. JOINT DRUG INTERVENTION:

The treatment of SD is extremely complex, and the disease itself is easy to cause patients to distrust doctors, so the treatment cycle is long, and the disease is easy to repeat, requiring long-term intermittent treatment. The clinical symptoms of SD patients could not be explained by pathological examination, and after many times of treatment, it could not be proved that the disease was caused, and the symptoms of the patients could not be improved after treatment. The patients insisted that it was physical pain, and they refused to conduct psychological examination or denied that they had psychological diseases. The doctors could not obtain pathology by using a variety of examination methods, and could not eliminate the patients' concerns. The clinical research shows that the occurrence of SD is not only related to the emotion and spirit of patients, but also related to changes in brain function, and some patients are related to genetic factors [30]. Therefore, when treating SD patients clinically, western medicine, traditional Chinese medicine or electric stimulation methods are often used for combined treatment.

6.1. Western medicine

At present, it is believed that for SD patients with obvious symptoms of anxiety and depression, antipsychotic drugs can be given according to the patient's individual conditions and mental status. Research shows that although drugs can effectively control the condition of SD patients, if patients stop taking drugs after their symptoms have been significantly improved, it can lead to disease recurrence, difficult to recover, and is not conducive to the patient's prognosis [31]. Therefore, when selecting drugs, it is necessary to select drugs with few adverse reactions, and it is better to treat with small doses of drugs, and it is necessary to instruct patients to adhere to medication and stop medication cautiously. Relevant studies have pointed out that neurotransmitters and other related drugs are crucial to the treatment of SD, so 5-hydroxytryptamine related drugs can be used for treatment, or to improve patients' bad mood and improve their treatment compliance. Relevant studies have found that escitalopram and amitriptyline have relatively high clinical efficacy in the treatment of SD, but escitalopram takes effect faster in the treatment [32]. However, some studies have found that sertraline has a positive effect on SD, with few adverse reactions [33].

6.2. Traditional Chinese Medicine

Traditional Chinese medicine believes that somatoform disorder is classified as "depression syndrome", which is caused by emotional factors. The main pathogenesis is stagnation of qi, and it can also contain phlegm, blood stasis and other pathological factors. Therefore, it needs to be treated with famous drugs to soothe the liver, regulate qi, and strengthen the spleen. The stagnation of liver qi, the stagnation of qi, and the impotence of the spleen can lead to the inability to drain the essence of water and grain, the loss of nourishment of the heart and lungs, and the depression of stomach qi. Therefore, it can be seen that the patient has indigestion, palpitations and other symptoms. According to relevant reports, patients were treated with Xiaochaihu Decoction and Shubili, which confirmed that the drug can effectively reduce anxiety and depression of patients and improve their quality of life [34]. Previous reports have found that acupuncture and moxibustion on time combined with antidepressants can also have a good therapeutic effect on patients with somatization disorder [35].

6.3. Repetitive transcranial magnetic stimulation

In relevant studies, patients with SD were treated with transcranial magnetic stimulation, and their bad emotions were significantly improved [36]. Repetitive transcranial magnetic stimulation is treated by pulsed magnetic field. Its therapeutic mechanism is mostly to regulate the action potential of nerve cells, cause the excitability changes of neurons in the nervous

system, and stimulate the proliferation and differentiation of neurons. Relevant studies have pointed out that the dorsolateral prefrontal cortex can be used as the best location for the treatment of depression and anxiety by repetitive tran-scranial magnetic stimulation [37]. Some studies have also confirmed that the mechanism of treating SD is to adjust the level of 5-HT. This method can play a role in treating SD by adjusting the level of 5-HT [38]. Transcranial stimulation can play an antidepressant role by stimulating the activity of local neurons in the left dorsolateral prefrontal cortex, regulating the level of neurotransmitters, and thus can improve the clinical symptoms of patients.

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