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Stagnation syndrome: Relevance of multilayers illness experiences in Chinese Medicine to the understanding of functional somatic syndrome

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Functional somatic syndromes (FSS), characterized by significant physical symptoms without identifiable medical explanations, are common, often persistent and are associated with significant distress [1]. They often co-occur with mental disorders, and such comorbidities are even higher than the similar comorbidities with comparable medical conditions [2].

Similarly, FSS's high comorbidity with mental disorder has also been observed in traditionally Chinese medicine (TCM). In a study we conducted to investigate the point prevalence of major depression among a group of patients diagnosed with stagnation syndrome (Ref # 748013, Research Grant Council, Hong Kong), an internal illness in TCM, the results showed that the comorbidity of stagnation syndrome with major depression was alarmingly high. Specifically, more than one quarter (26.5%) of the stagnation syndrome patients met the DSM-V diagnostic criteria for major depression. Over half (53%) of the patients experienced clinical significant depression symptoms, comparable to the rate reported among patients with somatic symptoms disorder (59.1%)[3]. Stagnation syndrome, with a high point prevalent rate of 6.2% among Chinese adults, can be understood as a functional somatic syndrome in the language of western medicine [4]. It has long been regarded as the TCM counterpart of major

depression in Western medicine because of its similarity to depression, particularly somatized depression, in terms of clinical presentations [5], such as sleeping problems, fatigue, headache, gastrointestinal problems, and emotional restlessness [6].

FSS pose major challenges to medical practitioners and researchers. Current conventional medical therapy for FSS is only mildly effective, and utilization of medical resources by FSS patients is disproportionally costly [1]. The question, how to understand the FSS better, is therefore of clinical significance.

A recent special section of Psychosomatic Medicine addressed new developments in Somatic Symptom Disorders and FSS, including an important article by van den Houte and colleagues examining cognitive processes of somatosensory perception [8]. They observed that, compared to healthy controls, patients with fibromyalgia and/or chronic fatigue syndrome displayed inflated ratings of somatic symptoms in the context of negative affective states produced by negative pictures. Moreover, the magnitude of increases in symptoms following negative pictures was mediated by patients' weaker ability to identify their feelings, whereas trait negative affect did not play a mediating role. These results are consistent with our understanding of stagnation syndrome as a FSS. Based on the mind-body holistic paradigm of TCM, the etiology and maintenance of stagnation syndrome are conceptualized as a continuously interplay of physical discomforts with emotional imbalance [4]. It is the presence of habitual emotion inhibition, that is the proclivity of not identifying with feelings, rather than negative affect or depressed mood that distinguish individuals with stagnation syndrome from

healthy persons [5].

While the sensory perception of somatic symptoms might determine the immediate unpleasantness among FSS patients, it might not fully explain their deteriorating functional outcomes. In our study on the wellness of 117 patients with stagnation syndrome, we found these patients characterized by significantly heightened somatic symptoms and debilitating functioning compared with the general population (see table 1). It seems reasonable to postulate that these patients' unfavorable functional outcomes result from the challenges related to having somatic symptoms. To test this hypothesis, we examined the mediation effects of physical distress on daily functioning, and we found no such effect. This suggests that patients' daily functioning is not disrupted because of the elevated physical distress but other elements, despite the fact that stagnation syndrome presents itself primarily in terms of pronounced physical discomforts.

TABLE 1. Body-Mind-Spirit Well-being Inventory Mean Scores of People with Stagnation Syndrome and General Population, and the Effect Sizes of Their Between-Group Difference

Body-Mind-Spirit Well-being Inventory subscales[7]	Mean (SD)		Cohen's d[1]
	Peoples with stagnation syndrome[3] (n=110)	General population[2] (n=816)	
Physical Distress	57.4(27.0)	29.7(22.0)	1.1
Daily Functioning	46.9(13.1)	59.2(16.1)	-0.8
Affect total	96.2(28.3)	110.7(32.3)	-0.5
Positive Affect	36.2(13.4)	42.3(14.9)	0.4
Negative Affect	50.0(20.4)	40.7(22.1)	0.4
Spirituality	72.7(20.3)	85.4(22.8)	0.6
Tranquility	24.6(9.4)	28.6(10.7)	0.4
Disorientation	19.4 (11.1)	14.5(11.0)	0.4
Resilience	17.5(6.6)	21.5(5.9)	0.6
Wellness total	298.2(66.5)	360.9(79.9)	0.9

Note: [1]Cohen's *d* with values of 0.2, 0.5, and 0.8 suggest small, medium, and large effect sizes respectively; [2] participants were Chinese adults in the community of Hong Kong; [3] participants were Chinese adults who met the clinical criteria of stagnation syndrome based on Chinese medicine diagnosis standard in the community of Hong Kong.

Perhaps, for functional outcomes what matters most might not be how patients perceive the somatic symptoms but how they interpret these symptoms and the illness experiences. Previous studies have suggested that the experience of physical distress/pain can be divided into two stages: 1) the sensory discriminative stage (sensational perception of the pain); 2) the affective-motivational stage (negative emotions the distress provokes) [9]. The level of the affective component of the pain can be independent of one's somatosensory perception, meaning that one could feel differently with a similar level of distress [10]. It might be the affective dimension of physical distress, not the sensory

perception, causing the impairment in daily functioning when experiencing stagnation syndrome. The finding of a previous intervention study for patients with stagnation syndrome might uphold this postulation. While both the intervention and control groups showed a significant amelioration in subjective physical distress with no between-group difference, it was in the intervention group, where participants had additional exposure to affective/cognitive treatment, that the improvement in social functioning was significantly larger [11].

To conclude, findings based on stagnation syndrome and related etiological theories derived from traditional Chinese medicine may be helpful in understanding FSS. Similarly, methodologies based on experimental psychology such as described by van den Houte et al. may prove useful to study clinical conditions that have been described in traditional Chinese medicine such as stagnation syndrome. Such cross-cultural investigations may further improve our understanding of psychosomatic and biobehavioral processes of health and disease.

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