

CHRONIC RENAL INSUFFICIENCY PSYCHOPATHOLOGICAL CHANGES CONCERNING RENAL PATIENTS, CHRONICALLY DIALYZED

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Abstract: *Personality is altered by the disease, but it may also take action against the disease. The doctor is responsible for supporting the positive effects of the disease and for diminishing the negative ones. The most serious problem of chronic diseases is the reinstatement of the patient in the normal life. There is a direct relationship between the history of diseases and the history of civilizations. Each civilization will create its own pathology. A state of wellbeing is the condition of man's health and of his physical, spiritual and moral balance.*

Keywords: *psychopathological disorders, chronic diseases*

Rezumat: *Personalitatea este alterată de boală, dar totodată poate lua atitudine față de boală. Medicului îi revine o reală răspundere în a susține efectele pozitive ale bolii și a le diminua pe cele negative. Problema cea mai serioasă a bolilor cronice este reîncadrarea în viața normală a celui suferind. Între istoria bolilor și istoria civilizațiilor există o relație directă. Fiecare civilizație își creează o patologie proprie. Binele este condiția stării de sănătate, de echilibru fizic, sufletească și moral al omului.*

Cuvinte cheie: *tulburări psihopatologice, boli cronice*

A. Psychopathological disorders induced by chronic somatic diseases

The disease's impact on the person involves different levels and a multitude of ways. Regarding the person as a structured system, embodied by a biological individuality, one may notice the difference between the influences present within the elements of the anatomic structure and the reactions of the person as a psychophysical whole, with all her possible fights and compensations; as well as the difference between the phenomena of deficit and those of liberation (through the weakening of a control function); the phenomena of disintegration and the processes of defence etc. The personality is altered by diseases, but at the same time it may take action against them.

We may draw up a "list" of possible negative and positive effects of any disease, in general. The disease increases the egocentrism, selfishness and irritability; it diminishes freedom (the initiative, physical and psychical mobility, energy, level of endurance). The disease causes

relapse, dissociates and sometimes degrades the personality; it reduces the individual's creativity and impartiality, weakens his reason and will, intensifies his suggestibility and affective life (which becomes, however, more rough). In some cases, we may even talk about reducing "personality" to the state of "simple person" or worst, to that of "mere biological individual". The disease alters the behaviour and character; it does not only affect the ability of working but also the various skills (C. Belciugateanu). Nevertheless, the disease changes, on a temporary or permanent basis, the hierarchy of values (for example, health becomes a "supreme asset", the competitive effort on a social level is regarded with strong dislike). In what the psychosocial level is concerned, the disease may lead to a feeling of inferiority, to being "ashamed of people" and avoiding them (isolation). It can result not only in an exacerbation of self-love but also in a clear misanthropy, feelings of hatred towards positive things, attitude of "burying the universe under your ruins". On the actual spiritual level, the disease may cause religious conversion; atheism or, on the contrary, bigotry. The disease means discovering all the fragility, suffering and "evil" existing in the world, and this explains the pessimist, fatalist, nihilist attitudes etc.

However, the chronic disease may also have positive effects, which can be speculated by means of a «bon usage de la maladie», as Pascal says. It leads to a high appreciation of health, strength, own body and senses, of every moment. As to the values, the disease brings with itself a reassessment of the goals and appreciations, a suppression of shallow and vain concerns. The outlining of the person's fragility may have as a consequence the decision of giving up postponements and choosing instead the fight, as soon as it will be possible, the achievement, and the creation. Such an occasion for reassessment is also a perfect time for spiritualization. Oscar Wilde in "De profundis" said that suffering is a school. It can grow empathy and sympathy towards the others; it can develop the spirit of trust and forgiveness. Reflecting on the disease the sick may gain a positive philosophy, in which the admiration towards the "miracles" of substance is associated with that towards the healing power of nature.

The physician holds a great responsibility in sustaining the disease's positive effects and removing the

negative ones. He must fight against the “vicious circles” which cause depression and a negative view. The entire affective halo related to the state of disease can be influenced by means of culture and interpersonal contacts.

The most serious problem of chronic diseases is the reinstatement of the patient in the normal life, or the “rehabilitation”, the major danger being the preservation of a pathological mental state, beyond the completion (or balancing) of the (somatic) organic process.

The following aspects of the psychic correlations of somatic chronic diseases, especially CRI, namely the chronic renal patients subject to interventions of substituting the renal function, should be discussed:

- Problems of etiology (psychological, spiritual, psychosocial), also grouped in two paragraphs: the background of the predisposed personality (if any) and the traumas, dramas, and other stresses involved;
- The problem of the opportunity of telling the patient his diagnostic and prognosis (to tell or not to tell the truth);
- The psychological reaction to the disease: adapting to the disease and treatment;
- Psychological features, related to hospitalization or follow-up, to the therapeutic means, the physician-patient relationship;
- The psychological factors of the disease's evolution;
- Indications and counter-indications of the different types of psychotherapy;
- Problems related to fear of getting sick or of dying.

B. Anthro-cultural aspects of sickness and health

Both sickness and health have a wider character than that reduced to their medical- psychobiological dimension. As any human fact, their first significance is anthro-cultural. Any change which regards the human person, as body or soul, is perceived and lived, beyond the alteration of reality, as a moral and spiritual experience. The alteration is perceived not only as a “change” but also as a “replacement” by means of which the place of health or of the “state of wellbeing” is taken by disease or the “state of sickness”.

From a cultural and moral point of view the disease is regarded as a phenomenon of possession. Within the patient's body and soul, something strange, unknown and unwanted is taking place. A ravenous and destructive “spirit” (T.K. Osterreich, M. Sendrail).

M. Sendrail asserts that there is a direct relationship between the history of diseases and that of civilizations. Each civilization creates its own pathology, according to the morals, laws, patterns of thinking, moral and religious values (interdictions, norms, customs etc). In the same manner, all diseases contribute to defining a culture. Each century or historical period has “its own pathological style”, as it has “cultural styles” too.

Primarily, man is a restless being. He is constantly seeking “peace” and “balance”. He is an unsteady and unsatisfied being in search of fulfilment. He

always longs for a state of balance and perfection. This is an endeavour that envisages both moral-spiritual and logic ideals. It has brought out the dichotomy good/evil. A state of wellbeing is the condition of men's health and of his physical, spiritual and moral balance. The evil is both the disease and the sin.

The relationship to the cultural history of sickness and health is given by the cultural, moral, medical and psychological history of therapeutics.

At this stage, we may claim that both the history of disease and that of health are parallel to the history of the evolution of humanity and civilization. There is a direct relationship between disease and therapy, and these two cannot be removed from the context of the same social “mentality”, of the “conceptions on the world”.

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