



# THE IMPLICATIONS OF PSYCHOSOMATIC DISEASES IN REGULATING THE PSYCHOEMOTIONAL STATUS OF PATIENTS

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**Abstract:** The current social dynamism is a complex factor that contributes to the manifestation of some psychoemotional states that cause the appearance of both functional and neuropsychic disorders. In this context, in the present paper, we review the implications of psychosomatic diseases in regulating the psychoemotional status of patients based on the specialized literature in the field.

## INTRODUCTION

Emotional system regulation determines the compensation of emotional responses and is therefore distinct from emotional sensitivity, which has as a consequence the emergence of emotional responses. Emotion regulation strategies are most often classified based on the goals or the functions of emotion regulation. Emotion-generating systems aimed at regulating emotions include: attention, cognition, but also physiopathological responses.(1)

Based on classic theories regarding emotional integrity, each emotion triggers a discrete pattern of behaviour, appearance, thoughts, but also feelings.(1)

## LITERATURE REVIEW

According to researchers, the inability to properly deal with emotions is the most important factor in the emergence of diseases. Emotions play a very important role in the emergence of psychosomatic diseases. Therefore, psychosomatic disorders appear as a result of the psychological effect on organic tissues. Psychosomatic disorders are rooted in emotional factors, as a result of trauma experienced by individuals. Emotion regulation is seen as both an important compromise factor and as a major factor of protection against stress, chronic pain and disease. On the other hand, positive emotions partially mediate the mechanisms between coping and disease control.(2)

Several studies demonstrate that the relationship between emotional factors and the evolution of the disease in psychosomatic problems is indisputable and reciprocal. Factors such as: lower quality of life, depression and stigmatization are frequently found in patients with dermatological diseases. Thus, it is essential to create and use the appropriate tools for assessing those psychopathological variables in daily medical care.(3)

Current social vitality is a complex factor that contributes to the manifestation of certain psychoemotional states which contribute to the appearance of both functional disorders and neuropsychiatric disorders.(4)

Psychoemotional states are a special form of mental states and experiences, which involve the manifestation of emotional responses to oneself, to others and to reality.

Thus, the exhaustion of personality adaptive resources

determines the appearance of pathological psychoemotional states. These states are largely regulated by the emotional-volitional sphere and include emotional responses and relationships. The concept of psychoemotional status is collective and includes a series of psychoemotional elements, such as: loneliness, depression and neurosis.(4)

Approached from an evolutionary perspective, health and disease are adaptive responses to the success or, respectively, failure to meet the demands of the external environment. Thus, somatic symptoms can be generated and/or amplified by psychosomatic suffering. Social factors are critical to human adaptation, and emotions are both a signal of physical state and a means of adapting physiological responses to environmental challenges. Therefore, a biopsychosocial model of health and disease could be of great relevance.(5)

The onset of emotional states – such as neurosis, loneliness or depression – is largely caused by a complex of triggering mechanisms, including somatic diseases, psychological trauma, personality traits, psychological difficulties, the specifics of interpersonal interaction.(6)

Psychosomatic disorder is a condition characterized by psychological stress which negatively affects an individual's physiological or somatic functioning to the point of discomfort. The psychosomatic symptom appears concomitantly with the emotional state.(7)

If a person exhibits inhibited aggression that he is unable to openly express in his behaviour, his unexpressed emotional state does not change and the physical symptoms of anger continue. However, such a person eventually recognizes the physiological dysfunction.

Often, even though this person has developed specific physical symptoms, he will deny or be unaware of the emotions that induced these symptoms.

Psychosomatic disorders can manifest in almost any body part, but they are usually found in systems which the individual does not control voluntarily.

According to Alexander et al. (7), psychosomatic illnesses can be triggered by certain personality traits and specific conflicts, but the form of these illnesses is most often related to individual vulnerabilities.(7)

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## PUBLIC HEALTH AND MANAGEMENT

On the other hand, emotional stress involves the rapid evolution of existing diseases and it is proven that it can precipitate diseases like cancer or diabetes in individuals predisposed to them.(7)

Psychosomatic disorders caused by stress may include (7): respiratory disorders, migraines and tension headaches, gastrointestinal disorders, hypertension, pelvic pain, impotence, frigidity, ulcers or dermatitis.

On the other hand, doctor and psychoanalyst Franz Alexander found that the combined effect of drug therapy, psychoanalysis and behavioural therapy is efficient for psychosomatic patients, who can also manage stress without drug treatment in less severe cases.(7)

The cognitive model of disease, valid for all psychosomatic diseases, was created by Leventhal and his collaborators and is intended to structure the individual's beliefs about the disease on five levels, represented by (8): the identity of the disease; the triggering factors of the disease; chronology/evolution; the perception of disease effects on a physical, social, emotional and economic level, but also the degree to which the disease is perceived to be curable and manageable.

Psychosomatic disorders in patients with cardiovascular diseases manifest by the appearance of mental disorders that echo the somatic suffering at the level of the cardiovascular system.

Developed peripheral and cerebral atheroma plaque, as well as a decreased cardiac output which negatively affects cerebral flow in patients with heart failure can induce chronic cerebral hypoxia. This in turn can lead to symptoms such as fatigue, headache, asthenia, and sleep disorders, which can progressively lead to decreasing cognitive performance related to attention, memory and learning.(9)

For psychosomatic diseases – such as cardiovascular diseases –, which can significantly be triggered or aggravated by psychological factors, numerous studies have demonstrated that the cognitive representation of the disease is a significant predictor of the patient's recovery and social reintegration.(9)

The cardinal syndrome of rheumatic diseases is the painful restriction of movement. Both phenomena – movement restriction and movement pain – give psychosomatics a multitude of possible interpretations. The psychosomatics of rheumatic diseases has always been based on basic rheumatologically defined syndromes, such as rheumatoid arthritis, Bechterew's disease or psoriatic arthropathy.(10)

According to clinical studies in the field, most patients diagnosed with rheumatoid arthritis also had psychological problems (depression, trauma etc.) and had been strongly affected by psychological stress factors and family conflicts approximately one year before the onset of the disease.(11)

According to the psychosomatic theory regarding the immediate allergy sensitization process, the allergic systems are sensitized, the local defence function being deficient at the level of the mucous membranes of the respiratory tract.

Thus, the hyperfunction of the nasal or bronchial mucosa manifested through hyperemia, swelling and hypersecretion can appear in people with certain predispositions and learning experiences who are faced with certain conflict situations where they must repress their emotional impulses. Changes in mucus function result from the suppression of aggressive expressions in relation to avoidance tendencies.

So, the immunological response can also be the cause of bronchial asthma and chronic rhinitis. Thus, the sensitization process can be described as a learning process, while the allergy can be regarded as a classic conditioned response to the stimulus consisting of the atopic allergen.(12)

Approaching endocrinological psychosomatics, it has

been demonstrated that many types of psychological stress, both acute and chronic, involve the hypothalamic-pituitary-adrenal axis. Psychological factors can increase or decrease the level of pituitary-adrenal activity.

Some important variables include the quality of the emotional response, the style and effectiveness of psychological defences, and whether the threat is acute or chronic in nature.(13)

Over half the patients diagnosed with Cushing's syndrome also suffer from severe depression, in forms both pituitary-dependent and independent. Anxiety and irritability are frequently present in these patients, and mania may alternate with depression.

In the case of patients with Addison's disease, depression prevails, characterized by apathy, negativism, social withdrawal and irritability. The level of depression in patients with Addison's disease changes with steroid replacement.(13)

On the other hand, severe depression is the most common complication in patients with hyperthyroidism and is alleviated with appropriate endocrine treatment and antidepressant medication.

However, in addition to depression, patients with hypothyroidism may also manifest paranoid disorders and severe cognitive disorders, persisting even after adequate treatment.

In patients with hyperparathyroidism, the disease is often associated with a variety of psychiatric changes, especially in women. Hostility and irritability are disorders that appear especially in females diagnosed with hyperprolactinemia, major depression being also present. Based on specialized studies, it was found that bromocriptine is superior to placebo, while antidepressant drugs were ineffective.(13)

Hontschik demonstrated, through three concrete examples from everyday practice in surgery, how psychosomatic thinking can change and enrich surgical practice through the prism of: indications, reflections on appendectomy, the operative-surgical area (the phenomenon of self-destructive behaviour), treatment experience in the case of osteomyelitis. Psychosomatics must be recognized as a way of thinking and be integrated as such in surgery.(14)

According to Visser (15), the physical and psychosocial difficulties associated with a cancer diagnosis and its treatments are well documented in literature. General problems in cancer patients are: anxiety, social problems, meaning of life and spirituality.

Many breast cancer patients suffer from: anxiety, feelings of uncertainty about the future, feelings of guilt, depression and post-traumatic stress disorder.(15) These patients can manifest psychopathological syndromes such as (15): depressive, anxious and cognitive problems, due to the lack of concentration, which can be related to the disease itself or are situational and are mostly of subclinical intensity.

It is important to mention that cancer is not necessarily associated with mental disorders.

Many survivors face high levels of stress and anxiety associated with the fear that the oncological disease may recur, but also with a number of other psychological problems, including (15): body image disturbances, sexual dysfunction and loss of fertility.

Uncertainty about how to interpret and adequately treat symptoms often leads to (15): excessive worry, avoiding complaining about symptoms, or somatic vigilance.

### CONCLUSIONS

People manage their emotional states through the psychological process of emotional regulation. Flexibility plays an important role in emotion regulation, according to the latest

psychological research. This flexibility allows people to alternate between different strategies for emotion regulation, chosen according to the situational requirements. Researchers have shown that healthy emotion regulation is dependent of context and environmental factors.(16)

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