



REVIEW ON THE PSYCHOEMOTIONAL STATUS OF PATIENTS WITH PSYCHOSOMATIC DISEASES

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Abstract: The number of patients with psychosomatic diseases is constantly rising, as stressors have an increasing impact in the evolution of their health. Psychosomatic disorders reflect the causal relationship between stressors and physical illness, simultaneously affecting the appropriate functioning of the body and the patient's cognitive abilities. In this context, this paper analyses the psycho-emotional status of patients with psychosomatic diseases based on a review of recent literature.

INTRODUCTION

Psychosomatic disorders reflect the causal relationship between stressors and physical illness. Thus, psychosomatic disorders are the result of stressors upon the body and mind, simultaneously affecting the appropriate functioning of the body and the patient's cognitive abilities. A main characteristic of psychosomatic disorders is that their physiological components have origins in the emotional state of the patient, the physiological changes being caused by the emotional factors.(1) Psychosomatic disorders can support three levels of manifestation: moderate, major, aggressive.

The percentage of patients with psychosomatic diseases is constantly rising, as stressors have an increasing impact in the evolution of their health. Over time, researchers have tried to define and describe the characteristics of patients with psychosomatic disorders and the impact on these characteristics on the evolutionary behaviour of the disease.

This paper conducts a review of the psycho-emotional status of patients with psychosomatic illnesses based on a literature review of recent papers.

LITERATURE REVIEW

Singh (1) believes that the two-way approach to psychosomatic disorders contributes to their correct diagnosis. The relationship between the functioning of the body and the patient's ability to think is based on the connection between the central nervous system and the rest of the body, or rather on the connection between emotional and intellectual composition and the functioning of the patient's physical organic system.(1)

Among the major causes for the onset of psychosomatic illnesses we can list, among others, the psycho-emotional traumas suffered by patients. Thus, due to emotional suffered traumas, individuals may develop predispositions for the appearance of psychosomatic symptoms related to the endocrine, gastrointestinal, cardiovascular, neoplastic or dermato-venereal systems or to autoimmune diseases etc.(2)

On the other hand, stressors can trigger a series of

responses mediated by a wide range of neurotransmitters, proinflammatory cytokines and hormones, with an impact on the brain and peripheral system.(3)

Chronic inflammation is a determining factor in the occurrence of chronic diseases such as diabetes and cancer, but also cardiovascular disease.(4)

The somatic symptoms frequently encountered by patients suffering from psychosomatic disorders are: difficult expression of emotions, depression, chaotic lifestyle, dependence on prohibited substances (alcohol, drugs), history of childhood trauma etc.(5)

According to Gaithri (6), a diagnosis of psychosomatic disorders might be given in relation to the following manifestations: physiological disorders whose evolution is affected by psychological suffering; pseudoneurological symptoms that have no related physical causes; stress and its effects on internal organs; psychiatric disorders with strong physiological correlations.

The immune system may respond to certain specific phenomena perceived as threatening to a person when immunosuppression occurs. In this context, a psychosomatic disorder results when a particular stressor precipitates a specific physiological reaction, e.g. a learned immunosuppressive reaction. A relevant example is the situation in which chronic anxiety can trigger the onset of cancer.(6)

Rubinstein (7) notes that most psychosomatic patients go a long way in correct diagnosis. Thus, they go through a series of consultations (in different medical specialties), during which the symptoms caused by the psychosomatic disorder that the patients suffer from may appear.

Fava, Cosci and Sonino (8) state that the specific treatments for psychosomatic illnesses may have much more beneficial effects compared to the inadequate psychotropic treatments normally prescribed by medical practitioners for curing depression.

It is also obvious that a central purpose of psychosomatic therapy is to provide patients with an

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understanding of how psychosocial factors influence their somatic suffering, in order to encourage patients to regain control over their own health through self-management and necessary and beneficial mental and behavioural changes.(9)

Nisar and Srivastava (10) explain that mental states impact the body organs through three interdependent components: 1. the neural system, 2. the immune system and 3. the hormonal system. To exemplify these interactions, the two researchers provided the following example: through brain activity, neurons are responsible for voluntary movements such as teeth gnashing. However, teeth gnashing can also be an involuntary and unconscious action. Under this stressor, the adrenaline triad - pituitary gland - hypothalamus and the sympathetic nervous system react to a significant level of stress, thus causing a decrease in immunity.(10)

Symptoms such as major levels of pain, occlusal discomfort, unexplained oral syndromes (MUOS), burnt mouth syndrome, oral cenesopathy and halitophobia etc. are common oral symptoms observed in dentistry and are based on mental or emotional disorders.(11)

People who have difficulties in coping with stress and who are unable to externalize their emotions - and thus internalize their affective states - will reach a point of emotional breakdown. Thus, these people may develop depression or various physical manifestations.

From a psychiatric point of view, psychosomatic disorders can be broken down according to the existence of dysfunctions for the affected tissue or organ:(12)

- **Psychological disorders determined by mental factors:** physical manifestations or types of psychological dysfunctions of mental origin that do not involve tissue damage / change, being mediated by the autonomic nervous system (ANS). Examples: respiratory disorders, psychogenetic disorders, cardiovascular disorders (e.g. cardiac neurosis), skin disorders (e.g. pruritus);
- **Psychological factors interdependent with the evolution of the disease, in the presence of tissue damage:** mental or component disorders of a mental nature have a significant impact on the etiology of certain physical conditions which involve tissue damage.

Dhabhar (13) highlighted the consequences of the immune system's response to the stress upon the biological system - the biological system being defined by a multitude of psychological, physiological or physical factors. In the short term, the above-highlighted consequences lead to improved innate/primary and adaptive/secondary immune responses during immune activation.

However, in the long run, chronic low-grade inflammation of the immune system can induce structural changes in: the production of type 1 and type 2 cytokines (both locally and systemically), macrophages, lymphocytes, neutrophils etc. As a result, a significant increase in the degree of anxiety appears, and, subsequently, a major decrease in T cells can occur.

The approach to psychosomatic disorders therefore involves the consideration of psychological and emotional states, the latter undeniably influencing the evolution of pathophysiological diseases.(14)

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM - 5), psychosomatic disorders are defined as "disorders with somatic symptoms". One or several of these somatic symptoms can be painful or can cause significant disruptions in daily life. Such types of disruptions could consist of:(15)

- excessive and persistent thoughts about the severity of symptoms;

- high level of anxiety about health or symptoms;
- excessive time and energy consumed in relation to symptoms or health problems.

Hypnotherapy, as well as many other types of psychological interventions can improve endurance and coping abilities, while reducing the suffering of patients with advanced chronic illnesses. In this context, meditation techniques can reduce stress and increase awareness and acceptance.(16)

Psychotherapy - one of the therapeutic methods for treating psychosomatic disorders - involves acceptance of the psychosomatic symptoms in the patients' feelings and experiences, developing a relationship based on trust. Psychotherapy is a continuous process of balancing thoughts and feelings in relation to the patient's traumatic memories, contributing to changing his reactions to observed events, situations or feelings.(17)

Emotional corrective therapeutic experience, in complete conditions of trust, can provide patients with a new type of perception. Thus, the old dysfunctional perception will be related only to previous experiences. With the therapist's help, emotional awareness will become possible by differentiating the content and concepts, by changing the meanings and values, by a positive interpretation of the physical symptoms.(17)

Alexithymia can have various psychosomatic manifestations. Negative emotional events lead to affective regulation dysfunctions by inducing a background of cognitive and affective risk. More precisely, the previously exposed implications determine the relationship between mental processes and somatic events.(18)

Cerutti et al. (19) have studied the relationships between somatic symptoms, alexithymia and functional impairment in school-age children. By using a questionnaire which measures the level of alexithymia in children, a statistically significant correlation between somatic symptoms and alexithymia was proved.

Unfortunately, persons suffering from psychosomatic illness may currently be at risk of having to face the social stigma assigned to psychosomatic illnesses. Thus, the person will be reluctant to seek specialized treatment.

Settineri et al. (20) determined several characteristics of patients with psychosomatic disorders, namely:

- Rational composition, repressive function and disease denial are in statistically significant inverse correlations. Thus, a decrease in the level of rational judgment and the suppression of feelings correspond to a higher level of disease denial.
- Various psychosomatic syndromes are in significant and positive correlations with dream phenomena, also including pathologically diagnosed groups.
- The levels of pathological and emotional outcomes significantly depend on patients' adaptation attempts.

Thus, Settineri et al. (20) recommend considering these particularities of patients during the early manifestation of symptoms specific to psychosomatic disorders. In this way, a sufficiently conclusive psychotherapeutic index could be obtained in order to prevent the future possible onset of dysfunctional defence mechanisms. This index is beneficial in broadening and adapting the practices for disease management.

CONCLUSIONS

Psychosomatic disorders require an interdisciplinary approach of a social, psychological and behavioural nature.

On the one hand, psychosomatic disorders most often occur as a result of interactions between the biological system and psychosocial factors. In this sense, it is important that

treatments of psychosomatic disorders consider, first of all, the “healing” of the body, so that later the treatment can be directed on reducing biological vulnerability and the psychological obstacles which affect the patients’ mental status. In this respect, flexible cooperation between doctors and psychotherapists is very important.(20)

Managing stress in a healthy way is a beneficial and crucial part of therapy. Treatment may result in symptomatic improvement and an increase in the patient’s chance of a normal life. Used as complementary components in therapy, drugs can relieve symptoms such as: digestive problems, headaches, pain, etc.(21)

If psychosomatic disorders are not treated in time, patients may develop severe depression, followed by a major risk of wanting to resort to suicide.(22)

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