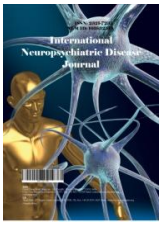

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Psychosomatic Phenomenon According to the Stages of Development

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Authors' contributions

This work was carried out in collaboration among all authors. Authors DP and EFK designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors DSP, FBC and DAB managed the analyses of the study. Authors WNA, MARA and GG managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

The psychosomatic term, report to the item of psychological origin of certain organic diseases, affective repercussions of the state of physical disease on the individual and studies of mind-body relationships with emphasis on the explanation of somatic pathology. The term can also be understood, as an ideology about health, falling ill and about health practices, is a field of research on these facts and, at the same time, practice. Thus, the objective of this work is to discuss, from a literature review, the psychosomatic manifestations that occur in the development phases in the context of the psychology area. The study is methodologically based on the literature review. For this work, the bibliographic search of articles indexed to the VHL Portal (Virtual Library in Saude) and in the Web of Science was carried out. The disease is often an escape from a conflict situation or appears due to the need for attention and affection, need to be cared for. The psychosomatic approach decreases treatment time, avoids unnecessary complementary tests and abbreviates the patient's suffering.

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1. INTRODUCTION

Since antiquity, man has questioned the relationship between mind and body and conceptions about health and disease. In the course of history, two aspects arise about the nature of diseases, one emphasizes the dualistic perspective considering mind and body as distinct entities and the other advocates the monastic perspective, that is, which considers this relationship mind and body Inseparable [1].

Returning to the historical foundations we will see that in Ancient Greece, with the studies of Aristotle and Hippocrates as the first steps to understand the psychosomatic term we have today, because at that time both regarded man as a unit indivisible and understood health as a harmonic balance with the world around, while the disease arose as disorganization challenging this balance [2].

As a basis for these studies and so many other authors, after centuries of structuring the psychosomatic term, was first mentioned by the German psychiatrist Heinroth in 1918, when referring to insomnia and the influence of passions on tuberculosis, epilepsy, and cancer, however, this term ends up having no progress and only in the later century is resumed through the strong influence of psychoanalysis and its new way of looking at the human being and his disease, thus begins its structuring [3].

According to the same author, the evolution of psychosomatic occurred in phases. The first, inspired by psychoanalytic theories, based on the concepts of psychosomatic disease and its interest focused on studies of the unconscious origin of diseases, regression theories and secondary gains of the disease. The second, also called the intermediate phase, influenced by the Behaviorist model, valued research in both men and animals, thus leaving a great legacy to studies of the concept of stress. The third phase, called current or multidisciplinary, valued the social, interaction and interconnection between professionals in various areas of health.

The psychosomatic term, report to the substance of psychological origin of certain organic diseases, affective repercussions of the state of physical disease on the individual and to studies of mind-body relationships with emphasis on the explanation of somatic pathology, the proposal for comprehensive care and a transcript for the psychological language of bodily symptoms. Every disease is psychosomatic, since emotional factors influence all processes of the body, through humoral nerve pathways and that somatic and psychological phenomena occur in the same organism and are only two aspects of the same process [4].

Understanding the health-disease process involves conceptions that may be based on a materialistic view, which considers that the only factors are physical, or in a broader view, which also considers cognitive and emotional aspects such as determinants of health and disease. The purely biological explanations of the disease, although still predominant in medicine, have been questioned in several studies that highlight the influence of mind and emotions in health states. Reflections on the interaction between somatic, cognitive and emotional aspects contribute to the questioning of the fundamentals from which medical science is constructed and develops [5].

In general, psychosomatic manifestations caused or whose symptoms can be aggravated by mental or emotional problems are understood by psychosomatic. It would be a transfer to the body, and emotional burden arising from some problem that is experiencing. It could be problems at home, with family, school or even friends. The fact is, that the difficulty in externalizing the problems ends up giving an overload to the organism that ends up exploding a disease, as a way of denouncing a situation in the dark, hidden in the unconscious. Conflicts that are not resolved in the mind are transferred to the body.

Psychosomatic is an interdisciplinary science that generates several specialities of medicine and psychology, to study the effects of social and psychological factors on organic processes of the body and the well-being of people. The term can also be understood, as an ideology about health, the sick and about health practices, is a field of research on these facts and, at the same time, a practice, the practice of an integral medicine. Starting from this assumption psychosomatic offers several fields of action in several approaches. Thus, the objective of this work is to discuss, from a literature review, the psychosomatic manifestations that occur in the development phases in the context of the psychology area.

2. METHODOLOGY

The study has as a methodological basis the literature review, which follows as search protocols in reliable databases, to ensure the necessary rigour for the identification of the theme and is used to guide the development of projects, indicating new for future investigations. For this work, the bibliographic search of articles indexed to the VHL Portal (Virtual Library in Health) and in the Web of Science was carried out. The following descriptors were used: "Psychosomatic" AND "Psychology".

Scientific databases were accessed during the second half of 2019, having as inclusion criteria scientific articles published in the period of 10 years (2014 to 2019), in Portuguese and English, which addressed the psychosomatic theme related to research and studies in the area of pain psychology related to the stages of development. Twenty-eight scientific articles were found and, of these publications found, 7 were excluded, where they did not correspond to the complete text criteria available, which did not cover the objective of the work from the perspective of the psychology area. Thus, the study used 21 articles.

3. RESULTS

According to this study, psychosomatic means the organic manifestations caused or whose symptoms can be aggravated by mental or emotional problems. Among what was addressed in the articles of the databases, some relevant aspects can be highlighted.

3.1 The Pain of Loss of Health

Pain is always subjective and each individual learns to use this term through their traumatic experiences. The complex system that involves pain perception demonstrates that psychological factors are of fundamental importance in mediating pain processing. It can be affirmed that all pain has psychological components and these are important in all acute, chronic and recurrent types and at all stages of pain.

Every pain is a person's pain, with his history, personality, context, moment. The same pain, in different situations, can neither be perceived or too strong, given the distraction or attention offered to it. To treat it, it is necessary to understand the complexity and reality of all the pains for those who feel it, because much of our suffering goes through the representations we acquire throughout life. And the experience of mourning must begin to be regarded as something inevitable in the lives of all of us [6].

Advanced stages of diseases often involve many pains. In cases of cancer, research reveals 60% to 90% of patients with severe pain. There are medical treatments that can mitigate or even eliminate most physical pain. But science cannot help in the pain of the loss of health, loss of life, in the pain of dying. Even with advances in medicine increasingly people suffer from chronic and disabling diseases, in which the only thing one can do is prolong the patient's life for a while longer, even if this causes psychosomatic symptoms and worsenings in their quality of life. The pain of losing health causes suffering in the individual given this all pain and suffering must be externalized, for its subsequent elaboration and follow-up of a normal mourning process [7].

In terminal diseases, when medicine can no longer offer than palliative care, the patient should then provide the patient with the quality of life he deserves so much, which can go through several levels. From adequate care in specialized centres to visits by family and friends for one last farewell, to the realization of last wishes and fulfilment of tasks necessary for the organization of the lives of those who remain after their death. It is common for patients to suffer more from the pain they feel they are causing in others than with their condition. It is important to talk to them about death itself, attenuating their concerns, their pain, reassuring them for the moment of departure. Because it is something common, to which we should all be sensitized, trying not to live it with a tone of pain and bitterness [8].

In pain care, there is a presence of a complex state of painful feelings in the terminally ill patient. Its components are physical pain; psychic pain (fear of suffering and death, sadness, anger, revolt, insecurity, despair, depression); social pain (rejection, dependence, uselessness); spiritual pain (lack of meaning in life and death, fear of postmortem, guilt before God). Subsequently, the author added new dimensions of pain: financial pain (losses and difficulties); interpersonal pain (isolation, stigma); pain (change of roles, loss of control, loss of autonomy) [9].

The feeling of loss of all involved leads to a state of anticipatory mourning, which also requires

special attention from the entire multidisciplinary team. It is known that the mourning process does not begin with death and existing relationships before death. Grief pains end up being confused with physical pain and all of them interact in the process of suffering. This picture often ends up leading to a desire to end one's own life, with a suicide. The psychologist must be prepared to interpret his appeal. Most of the time, the idea of suicide is a cry for help, relief from the suffering of total pain. And this request can be reversed with the fulfilment of your needs [10].

The desire not to suffer, to maintain control, to be remembered by the people they love, as they were before, motivates some individuals to choose the time of death themselves. However, there are certainly people who would never choose suicide, who receive death with open arms, people for whom death is liberation. Thus, a patient's total pain in final moments of life requires professionals to be prepared to face the pain of death or acceptance of death, but always face the pain of the loss of life. This life is over and this sense of finitude causes great pain to man.

3.2 Psychosomatic in Childhood

Childhood is a period marked by the structuring and development of biological, psychic and social processes, of one being weakened and dependent on the other that will take care of it. In this sense of speaking of psychosomatic in childhood is extremely important and means thinking of the child evaluating his/her present and the various possibilities of the future, extolling the creation of interventional processes for the prevention of psychic and physical health.

The child, at the beginning of his life, has not yet developed the ability to communicate using verbal language, thus, it is commonly manifested through nonverbal language through the body. However, this means of communication, in some cases, are prevented from speaking out in a daily way. Another form of communication is then constructed, through the body, which can sometimes present itself in the masochistic form by putting the subject who develops it in suffering [11].

The psychosomatic symptom in the child occupies a privileged place in the mother-child interaction system, and in this perspective, it should be understood. The analysis of these interactions should take into account the consequences of maternal attitudes about the child and the change of this attitude towards the child's symptoms. The mother is particularly sensitive to the psychosomatic manifestations of the child, which leads her to adopt new and different attitudes. Thus, for example, the aggressiveness underlying the mother-child relationship is, in many cases, totally annulled, with the appearance of psychosomatic symptoms [12].

Often the onset of a psychosomatic disease contributes to the establishment of a caring relationship between the mother and the child, being the establishment of this relationship fundamental. Maternal care is hardly appropriate given the biological request of the child, whose main objective is the realization of maternal desire. In cases where this inadequacy is greater, there is a danger of installing early relational disharmony. Thus, anxiety and parental inadequacy often appear associated with first-trimester colic, paroxysmal scream syndrome and certain insomnia and anorexia.

Given the suspicion of a psychosomatic problem in a child, one should try to prove the existence of a psychosomatic connection, performing a study to verify or not a correlation between a symptom and an external event, always considering the privileged stages of development and try to understand what sense a particular symptom has in the interaction of the child with the mother, as well as the economic role it plays.

The first models of binding with the external world are printed on the body and psyche of the child, from the initial relationship of the mother with the baby. Difficulties in this dyad may have different paths of manifestation and one of them would be via psychosomatic disease. Thus, the sense of psychosomatic disease in childhood may be tied to the fact that there is no clear boundary between me and non-me, both about excess stimuli and lack thereof [13].

At the beginning of the baby's life, the importance of the mother is vital. In addition to protecting the baby from complications that he cannot understand yet, the mother has the function of presenting the world to the child. It is about this foundation that the subjectivity of the child is built. For the healthy development of the initial sum-sum, an adequate environment is required, which is the one that actively adapts to the baby's needs [14].

In this way, the mother allows the baby to experience feeling her psyche inhabiting her body. In the symptoms of psychosomatic diseases, there is an insistence on the interaction of the psyche with the sum, which is preserved as a defence against the threat of loss of psychosomatic union or some form of depersonalization. In this sense, psychosomatic diseases can be understood as a possible final product of precarious or fickle maternity [15].

According to Santos [16], psychosomatic diseases concern the body's difficulties in adjusting to changes in people's internal and or external environment. The importance of the connection established with the mother, which helps in strengthening the child's ego, with subsequent differentiation between the self and the non-self, is resumed.

3.3 Psychosomatic in Adolescence

The word adolescence has two possible etymological origins that attribute to it very significant meanings: from Latin *ad* (a, too) and *lesser* (grow), which means a process of growth, and also *adolescence* which means getting sick, or the pain of growing. This double origin indicates an inclination to grow, in the physical and psychic sphere, but also to get sick, pointing to emotional distress resulting from biological, psychic, social and emotional transformations that mark this stage of life, distressing the adolescent in the face of the unknown [17].

Adolescence is an extremely complex period, at this stage, there is a loss of representations of ones and objects, built throughout childhood, in which it causes deep anxieties when not a feeling of terror. In general, this period is marked by emotional instability, omnipotence, and dependence, although each adolescent has their particularities and subjectivity. There is a profound dis structure of personality and from this condition, a relatively prolonged period is required for restructuring to occur.

In adolescence, psychosomatic symptoms often have a relationship with the stage of development. In the early phase (11 to 14 years), body changes, masturbation, the definition of sexual identity are the main stressful factors. In the middle adolescence (14 to 17 years), the conflicts that appear are attempted family independence and about the beginning of loving relationships. In the late phase (17 to 20 years), the main problems are related to the professional onset, concerns about the future, spiritual and philosophical issues [18].

The most common *psychosomatic symptoms* in adolescence are headache, chest pain, abdominal pain and persistent fatigue. While separation anxiety, phobias, somatic complaints and behavioural problems are frequent in children, symptoms of melancholy, psychosis, suicide, the mortality of suicide attempts and disability seem to be associated with increasing age and is expressed in the adolescence phase [19].

Therefore, once again comes into play the importance of the family in the positive contribution of young adolescents and their conflicts. The negative relationship within the family contributes to the installation of psychosomatic diseases in the adolescent, so respecting their time is to understand. Letting them manifest their group trends is also supporting them. Accepting your manias is loving you.

3.4 Psychosomatic Stinins in Adulthood

Our body, in adulthood, when suffering a demand for stressor agents, manifests physical symptoms, that is, tends to somatize. Somatization appears more as a symptom of emotional distress than as a specific disease. Complaints regarding somatizations become relevant when they culminate in some need for medical treatment or interfere with the activities of the individual.

The most common somatic manifestations that can affect adults are the head, back, joints, extremities or cause minor dysfunctions. Psychosomatic diseases in adults arise from misfits between psychological and somatic processes. Among the causes of psychosomatic manifestations in adulthood, we can mention the recurrent stress to social roles, work and their collections and tiring life. In these conditions, the body begins to secrete more adrenaline, thus producing manifestations in the body, formed by cognitive, behavioural and physiological components, which end up causing a homeostasis break from being [20].

There are several stressor agents. They may be related to both fundamental events of life and everyday situations, such as the loss of a personal object. Harmful stress reactions are proportional to the frequency of these events and

related to genetic and environmental factors. There is also a group of elements causing chronic, persistent and intense stress. It is the case of having a job you don't like, and not being able to abandon it, keeping for a long time exposed to the agent [21].

Stress has assumed a relevant role in the field of studies and debates in various areas especially psychosomatic in adulthood. This statement is based on the fact that stress is present in our daily lives. This reaction is defined by body manifestations, such as increased heart rate, respiratory and blood pressure, among others.

4. CONCLUSION

Given what was researched, we conclude psychosomatic involves all phases of development and in each one should be thought of own and integrative measures that favour the patient, not the disease, and tries to understand its meaning. Relating a physical symptom to an emotional problem requires care, patience and rarely can be achieved in a first consultation. For this, it is necessary to collect a detailed history, focusing on research on the patient, and not on his symptoms, and give him a chance to expose his feelings.

The disease is often an escape from a conflict situation or appears due to the need for attention and affection, need to be cared for. Some health professionals, when they identify that the origin of the patient's symptoms is not in an organic pathology, tend to classify the disease as psychological and devalue it, not paying due attention to the patient's suffering. It should be remembered that even if it does not have an anatomical substrate that justifies the symptom, the patient feels it and needs it, likewise, to help to get rid of it. The psychosomatic approach decreases treatment time, avoids unnecessary complementary tests and abbreviates the patient's suffering.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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