

Model of Psychological Disadaptation at Psychosomatic and Neurotic Disorders

Ildar R. Abitov¹

¹ Kazan Federal University, Kazan, Russia

Correspondence: Ildar R. Abitov, Kazan Federal University, Kremlevskaya Street, 18, Kazan, 420008, Russia.

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Abstract

The relevance of the studied problem is caused by the lack of the uniform model of psychological disadaptation of the persons suffering from the neurotic and psychosomatic disorders. The article is directed on acquaintance of the clinical psychologists with the model of the psychological disadaptation at psychosomatic and neurotic disorders and recommendations with the work with these categories of clients. The leading approach to research of this problem is the comparative approach to research of the existing disadaptation models. The main result of this research is the creation of the new model of the psychological disadaptation including mechanisms of psychological protection, coping and anticipation. The materials of the article can be useful for the clinical psychologists and psychotherapists during the work with the persons suffering from psychosomatic and neurotic disorders and also for psychologists-consultants during the work with the clients who are in a crisis or difficult life situation.

Keywords: psychological disadaptation, neurotic disorders, psychosomatic disorders, mechanisms of psychological defense, anticipation

1. Introduction

One of the problems which are particularly acute for modern society is the problem of distribution of neurotic and psychosomatic disorders. The information overloads, the social changes, the high rate of life lead to the growth of number of the persons suffering from the neurotic and psychosomatic disorders, especially among the urban population. According to V. F. Desyatnikov the percent of the recovery of the patients suffering from neurotic disorders equals only 58, according to A. S. Kiselyov of Z. G. Sochneva—65, that shows the low efficiency of the available ways of treatment. According to E. Stromgren and V. Lunn, not less than 30% of the patients addressing with the somatic complaints to the polyclinics and hospitals have the neurotic symptoms, and 22% of persons with the complaints of the psychosomatic character take away to 50% of working hours of the doctor.

Recently the increasing attention of researchers is drawn by the mental mechanisms directed on the overcoming and prevention of stressful situations or the minimization of their negative consequences (Abitov, 2013; Kryukova, 2010; Nechiporenko & Mendelevich, 2006). Such mechanisms include the mechanisms of the psychological defense, coping-mechanisms and an anticipation (forecasting). The researchers note the prevalence of the primitive defense mechanisms such as regression, replacement, denial; not adaptive strategy of a fight against a stress, such as confusion, aggressive actions, suppression of emotions, ignoring, self-accusation, dissimulation; violations of predictive abilities at the persons, suffering from neurotic and psychosomatic disorders. The certain authors pay attention to the role of these mechanisms in the formation of the neurotic and psychosomatic disorders, dependent behavior, speech pathology at children, however allocate the violations or a hypertrophy of the separate mechanisms, as risk factors, without considering them in the unity and disregarding their joint influence on the process of the psychological disadaptation (Abitov, 2013; Akhmetzyanova, 2014; Minullina, 2014; Solobutina, 2014; Frolova, 2014).

2. Methodological Framework

As a methodological basis of this research acted: the psychoevolutionary theory of emotions and ego defenses, in which the defense mechanisms are considered in the unity with emotions and personal dispositions (Plutchik, 1995); the model of psychosomatic process of A. Mitcherlikh in which the sequence of the use of “normal”

defense mechanisms of mentality, neurotic and psychosomatic symptoms for psychological adaptation is considered (Kulakov, 2003); the various approaches to the research of coping behavior describing a fight with a stress as a process of active interaction of the person with requirements of the environment (Kryukova, 2010; Lazarus, 1996; Perrez, 1992), the anticipational theory of a neurotic genesis, that explains the emergence and the development of the neurotic disorders by an underdevelopment of abilities for forecasting of vital difficulties (Nechiporenko & Mendelevich, 2006).

3. Results

The analysis of two models of the psychological disadaptation was carried out: the two-echelon model of the psychosomatic process of A. Mitcherlikh and V. S. Rotenberg and V. V. Arshavskiy's model. A. Mitcherlikh considered that at collision with a difficult situation people tries to cope with it, using social interaction (a request for the help), or mature mechanisms of psychological defense (sublimation, rationalization). If it doesn't help, the person uses neurotic defense mechanisms for adaptation and neurotic symptoms appear. Sometimes the neurotic symptoms cover all behavior of the person and remain throughout a long time, the neurotic development of the personality is formed. If this way of adaptation is not effective, a somatization appears—the psychosomatic disorder develops.

According to V. S. Rotenberg and V. V. Arshavskiy, people choose one of the three ways of reaction under the influence of a mental trauma: 1) "normal" adaptation (in the case of a personal maturity and formation of protective and compensatory mechanisms of mentality); 2) neurotic reaction (in case of the insufficient formation of mechanisms of psychological defense and compensation and possibility of demonstration of fear, anxiety, fixing on unpleasant feelings); 3) psychosomatic reaction (in case of the insufficient formation of mechanisms of psychological defense and compensation and impossibility to show fear, anxiety, to be fixed not unpleasant feelings).

The new model of the psychological disadaptation including two levels of disadaptation is presented in the article.

The first level—psychosocial: the person tries to cope with the conflict by means of mental means. To be prepared for possible negative consequences of the conflict he uses anticipation and prepares necessary resources (a pro-active coping). Further, if forecasting and accumulation of the resources is insufficiently effective and the negative consequences come nevertheless, he uses the strategy of a jet coping (confrontation, a distancing, search of social support, etc.). If it isn't possible to reduce negative consequences due to the use of jet strategy of a coping, the mechanisms of a passive coping and psychological defenses are involved (positive reevaluation, flight, rationalization, replacement, etc.)

The second level—pathological. It includes the two options of the reaction: psychosomatic or neurotic. If the person "is able to afford demonstration of fear and anxiety", has no alexithymia and basic vulnerability of any organ or the system of organs, he develops the neurotic type of reaction. If the basic vulnerability of any body or system of bodies, an alexithymia, "blocking of emotions" are noted, the development of the pathology goes on a psychosomatic way.

4. Discussions

V. A. Tashlykov defined the psychological defense as follows: "the mechanism of adaptive reorganization of perception and an assessment acting in cases when the personality can't adequately estimate the feeling of concern caused by the internal or external conflict and can't cope with a stress". He allocates the secondary pathological protective mechanisms which are shown at long neurosis which consolidate the neurotic behavior (leaving in an illness, rationalization for a justification of the insolvency in connection with an illness). The author shows in the researches that the replacement from the sphere of consciousness of an unacceptable motive comes to light with the patients with the hysteria in 61% of cases, in 81% of cases with patients with neurosis of persuasive states, the leading mechanism of psychological defense is intellectualization or isolation.

The research of a coping at the persons having neurosis showed the big passivity in the resolution of the conflicts and problems in comparison with the healthy people, also the less adaptive behavior is peculiar for them. The patients with neurosis, for example, often reacted with a "confusion" (cognitive coping strategy), "suppression of emotions" (emotional coping strategy) and "retreat" (behavioral coping strategy).

The researches of a coping-behavior at patients with neurosis testify that they are reliable less often, in comparison with healthy people, use adaptive forms of coping-behavior, such as a search of the social support, altruism, the optimistically relation to difficulties. The patients with neurosis more often than healthy, are inclined to choose coping-behavior as an isolation and social exclusion, avoiding of a problem and suppression

of emotions, easily fall into a condition of hopelessness and humility, are inclined to self-accusation. The same regularity is shown in the situations determining a neurotization in the professional activity, for example, of the teachers (Khusainova, 2014), in professional formation (Fedorenko & Potapova, 2014).

The researches conducted in Japan (Nacano, 1991), showed that the active coping-strategy focused on the solution conduct to the reduction of the available symptomatology whereas the avoiding and another coping-strategy directed on the reduction of an emotional tension lead to the strengthening of symptomatology.

V. A. Ababkov and M. Perrez state that the person with the exact cognitive ideas of a situation has more opportunities for a survival, than people with the distorted ideas of the reality. The degree of a controllability of a stressor is the important line of a situation. The result of the adaptive behavior will substantially depend on the degree of controllability of a stressor.

The studying of a probabilistic forecasting at neurosis which is carried out by G. G. Noskov and V. V. Solozhenkin showed that with neurosis the forecasting is significantly broken. The features of the forecasting at patients with the neurosis play a certain role in the formation of compensatory mechanisms.

The specific aspects of a neurotization are especially brightly shown at disabled people (Fedorenko, Biktimirova, 2014).

According to D. N. Menitskiy, the strategy of probabilistic indifference appears at neurosis, it can be the result of the pathological mobility of a probabilistic dynamic stereotype: the number of transitions to a choice of other alternative at patients with the neurosis considerably grows after the reinforcement, that speaks about the simplified strategy of diagnostic activity.

V. D. Mendelevich marks out that at patients with neurosis prevail the monovariant and polyvariant types of probabilistic forecasting—when the patient predicts only the one way of the succession of the events or the forecast is dissolved in a large number offered options of the succession of events. Unlike the patients with the neurosis, “the personality stable for neurosis “ is inclined to put forward two-three high-probable options of the development of the event, preparing the program of behavior as in cases of a desirable, and undesirable variant.

V. D. Mendelevich developed the anticipation concept of a neurotic genesis which essence consists in the consideration of an etiopathogenesis of the neurotic frustration in indissoluble communication with the anticipation processes at various levels (psychological and psychophysiological). Neurotic genesis is considered as a result of inability of the personality to anticipate the course of events and its own behavior in the frustrating situations that is caused by the premorbid features of “the potential neurotic” that is called “the anticipation insolvency”. The personality that inclined to neurotic frustration excludes the undesirable events and acts from his anticipation activity, being guided always only by the desirable. In this regard, while getting to not predicted, adverse vital collision that is forced out from “the situational scenario”, the person appears in the time trouble for application of coping behavior. And even if his system of psychological compensation functioned normally, in the conditions of a divergence of the forecast and the extreme expressiveness of the emotional experiences (the offense, disappointment, bewilderment) connected with this predictive mistake, the person can not use the potential opportunities for a fight against a situation and gets sick with neurosis (Mendelevich, Solovyova, 2002).

The German psychoanalyst A. Mitcherlikh offered the sequence of the development of psychosomatic process:

1) The person tries to cope with the conflict by means of mental means at the psychosocial level:

a) the person tries to resolve the conflict by means of the usual means of social interaction (for example, by discussion of the corresponding problems and the conflicts or by means of mature mechanisms of defense (replacement, sublimation)) at rather mature personality.

b) in cases when the use of normal (healthy) defense mechanisms isn't enough, the neurotic (pathological) protective mechanisms are connected (for example, neurotic depressions, the notions of compulsion and actions, fears, phobias, etc.).

c) there are situations when the defense mechanisms include the behavior in general; in such cases the specialists speak about the neurotic development of the personality or the neurosis of the character.

2) If it isn't possible to cope with the conflict menacing to the existence of a person by the mental means, when the first line of the defense doesn't work, the defense of the second echelon—a somatization is connected. This phenomenon can lead to the structural changes in one or another organ (for example, to the stomach ulcer, a Krone illness, to ulcer colitis, etc.). It is a defense at the psychosomatic level (Kulakov, 2003).

In the conditions of the impact on the person of a mental trauma there is an alternative: the person remains

mentally and somatic healthy in the connection with resistance to the stress and under the influence of the methods of psychological defense, or he gets sick with neurosis or psychosomatic disorders.

According to the opinion of V. S. Rotenberg and V. V. Arshavskiy the alternative exists in the pathogenic way, and “psychosomatic diseases are characterized for the people, whose personality isn’t able to afford neurotic type of reaction, demonstration of anxiety or fear, fixing on the feelings” (Abitov, 2013). It can be initiated by the specifics of the interrelation of the personality and culture in the context of the established norms. (Bayanova, 2009; Bayanova, 2011, 2013).

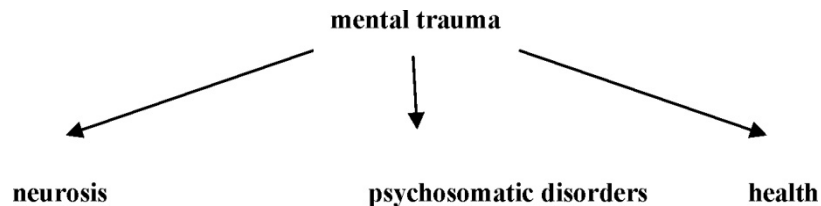


Figure 1. Model of desadaptation of V. S. Rotenberg and V. V. Arshavskiy

5. Conclusion

Combining the model of the development of psychosomatic disorders of A. Mitcherlikh, V. S. Rottenberg and V. V. Arshavskiy’s and the modern data about the specifics of the functioning of mechanisms of psychological defense, a coping and an anticipation for persons suffering from neurotic and psychosomatic disorders we will receive the model of psychological disadaptation of the persons suffering from these types of disorders:

- 1) The person tries to cope with the conflict by means of mental means at the psychosocial level:
 - a) To be prepared for the possible negative consequences of the conflict he uses the forecasting (anticipation) and prepares necessary resources (a pro-active coping);
 - b) If the forecasting and the accumulation of resources is insufficiently effective and negative consequences come nevertheless, he uses the strategy of a jet coping (confrontation, a distancing, the search of social support, etc.);
 - c) If it isn’t possible to reduce negative consequences due to use of the jet strategy of a coping, the mechanisms of a passive coping and psychological defense are involved (positive revaluation, flight, rationalization, replacement, etc.)
- 2) If the person “is able to afford the demonstration of a fear and anxiety”, has no alexithymia and basic susceptibility of organs or organ systems, he develops the neurotic type of reaction. If he has the basic susceptibility of organs or organ systems, the alexithymia, “blocking of emotions”—the development of pathology goes on a psychosomatic way.

6. Recommendations

The developed model of psychological disadaptation of the persons suffering from the neurotic and psychosomatic disorders allows to form the psychotherapeutic work with these groups differentially. In the case of psychosomatic pathology, it will be necessary to begin the work with the reduction of the degree of an alexithymia and the detection of the secondary benefits from the symptoms. In the case of the neurotic disorders it is necessary to begin our work with the identification of the “sense of a symptom”. Further in both cases the work will need to be directed on the restoration of mechanisms of the defense, a coping and an anticipation, from the lower levels (defense mechanisms), gradually moving to the higher levels (forecasting and a pro-active coping).

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