

Psychotherapy of hospitalized patients - between option and necessity

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Abstract

The existence of reciprocal psyche-soma influence requires a double relationship, medical and psychological; the consequences of poor communication include noncompliance to treatment and malpractice legal actions. This paper provides explanations which necessarily require psychosomatic approach of each patient, the patient reacting massively in psychological plan. Delimitation of competence of various specialties is only for the benefit of the patient, who will be investigated and treated according to custom issues (“There are no diseases, only ill people”), imposing thus the integration of the psychologist in the therapeutic team.

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The concept of “health genesis” and maintaining the health triggered the self-care movement connected with the consumption in other areas of life. Due to the improvement of means of investigation and to a more profound specialization, the hospitalized population is less willing to accept the treatment in a passive and uncritical mode; worldwide, there are

registered increases in malpractice disputes that presses the hospitals and doctors to inform well the patients about their disease and treatment. This turns the patient from reactive into proactive and triggers its interest of asking questions in which to be responded by providing comprehensive and relevant information, feeling the need of self-assessment of alternatives. The psychological support strengthens the therapeutic act and can use means under the form of beneficial association to medication effects, but also under the form of remodeling some harmful behaviors for health and generating recurrence.

Man has the power to overcome the instinct and the desire, as well to overcome the motivation of obligation and duty, that I. Kant called “rational will”.

By the power to regulate his own behavior and to be responsible for his actions, the man gets the right to autonomy, whose value is inherent, intrinsic and infinite.

The responsibility for his own decision may cause anxiety or may fail to childishness, but will never be compatible with passivity.

Recently, the sociologists have suggested that the current psychological environment from hospitals may be harmful to human health. Thus, many people are terrified by

hospital because they associate it, on the one hand, with pain and death, and on the other hand they find the clinical atmosphere as frightening and decentralized; some people become angry in hospitals because they are restricted and infantilized by the system, while others become dependent and helpless, unable to make efforts to self-help in their own treatment.

The question that must be asked is: "Why are so many people stressed by the hospital environment?"

First of all, patients are often very ill when they are hospitalized and the disease itself alienates and disorients. The illness produces changes in relations with the patients themselves, with their own bodies and with others. The concern that his own body became object of observation, that the symptoms may become worse, confusions regarding the present; uncertainty about the future undermines the ability to engage in planning, to feel competent, to make decisions, to engage in activities.

These aspects of experiencing disease - disorientation, isolation, suspension of normal activities, inability to communicate at a normal level - are often accompanied by strong emotions such as fear, but also other variables and problematic psychological symptoms.

Dr. Albert Schweitzer said in his book "Out of my life and thought" (Norman Cousins, 2011, p.188) the conviction at the time that "if he ever recovered he would never forget his own feelings while ill"; he would try as a doctor to give at least as much attention to the psychology of the patient as he did to a diagnosis. There is a "fellowship of those who tolerate the mark of pain" and those outside this fellowship have great difficulty in comprehending what lies behind the pain. "I know, that

during my own illness in 1964, said Norman Cousins in his book *Anatomy of an illness* (2011, p.188-189), my colleague patients at the hospital would talk about matters they would never discuss with their doctors. The psychology of the seriously ill put barriers between us and those who had the expertise and the abilities to nursing to us. I became convinced that nothing a hospital could provide in the way of technological marvels was as helpful as atmosphere of compassion". (p.190)

The stressful examinations or surgeries and, especially, its results can cause insomnia, nightmares and, in general, inability to concentrate; the hospital care can be very fragmented so that the patient may have contact with 30 different people. Often, doctors have little time to waste with patients so that they may receive conflicting information as their search goes to everyone, including acquaintances, friends or other patients.

"The central question to be asked about hospitals - or about doctors for that matter - is whether they inspire the patient with the confidence that he or she is in the right place; whether they enable him to have trust in those who seek to heal him; in short, whether he has the expectation that good things will happen" (Cousins, 2011, p.191)

The hospital is today a very complex organization, incorporating both historical trends as well as current innovations. Sociologists have always been fascinated by the hospital's functions because there are so many and varied: it is a care facility, a treatment center, an institution of learning, research center and laboratory. Due to the need of diagnosis and treatment there are necessary different perspectives of approach and specific professional skills. The need of integrative approach (bio-psycho-socio-

axiological) of the man explains the inclusion of elements of psychology in the composition of medical act, emphasis on psychology today based on recent notions of psycho-neurophysiology, endocrinology and immunology (Dănăilă&Golu, 2000, Taylor, 1986). Medical model based strictly on biological dimensions and with a reductionist character is outdated today because the doctor's role is limited to correction of some organic and functional disabilities by pharmacological or surgical ways; the diagnosis itself is determined less by historical data obtained from patients, being based more on imaging means and biochemical investigations.

The recent Western models, in which therapists work compulsory in team using "linked discipline", require specialists in psychotherapy, psychologists, physiotherapists or even internists with studies in psychology to investigate and solve the problems of patients with psychosomatic pathology. Also in our country, the interference zone between medicine and psychology begins to create a theoretical base and an application area which leads to optimization of medical act and to a worthy position of the human in pain (Ciurea & col., 2007; Rotărescu & col., 2007, 2006).

Dual relationship between doctor and patient - medical and psychological - and the reciprocal influence between psyche and soma necessarily impose the psychosomatic approach to any patient and of which objectives must be accepted by all doctors because the patient reacts massively in psychological plan (Enătescu, 1981). The delimitation of the competence of various specialties is only for the benefit of the patient, who will be investigated and treated according to custom issues ("There are no diseases, only ill people"), imposing thus

the integration of the psychologist in the therapeutic team (Iamandescu, 1997).

The clinical observations has managed to bring in the center of medical debate a number of psychological factors that participate directly or indirectly, to the onset and rhythm of the disease (going up to complications or death), often being factors of resistance to treatment or, on the contrary, it may increase. Consideration of these factors is not only a goal but an absolute necessity in the medical economy.

Regarding the nature of suffering for which the patients present to medical consultation, on statistical level was set a percentage of 30% - 40% as functional disorders, often psychosomatic (as an expression of acute or chronic stress) which by misinterpretation, may lead to extremist: either ignore of organic causes, or disregard the psychic factor and excessive use of medical assistance. Even modern surgery, characterized by the speed of the exercise as well as by increasing the quality of life of the person who had been operated, is threatened by ignoring the existing psychological factor in any doctor-patient relationship; taking into account this factor will help the surgeon to grasp a series of features in which the operator act is accomplished - with repercussions on the psyche of the patient - but also with a series of positive implications of psycho-therapy attempts or in postoperative recovery dynamics.

The psychologist will make a thorough examination, for information purposes, to assess how accurately the current mood is, personality type, ego strength, will and rationality potential deficit caused by the disease. It will work towards inferiority complex to prevent and avoid breaking the attitude of social contacts (obviously, especially to marrowy patients).

With the transition from normal to pathological, a change is being made in the balance of the personality and of the general mode of reporting and integration of the patient in the environment in which the patient is able to overestimate, underestimate or correctly evaluate their physical and mental possibilities, depending on its cultural level, previous to sickness emotional condition, hopes, promises, duration and degree of illness. In such situations, it becomes very important how the subject uses his self-image, especially in terms of feasibility when it comes to ranking or reshaping, the patient should review his future plans.

Mental disorder and disorientation will be the starting point of the first neurotic symptoms against which the doctor and psychologist must take immediate attitude for the recovery in time of the patients. The psyche deteriorates in the same time with the body and the motor rehabilitation, without a psychic one, give insufficient results; this is one of the reasons why the psychological study of the patients and their mental rehabilitation becomes a first order importance, being even harder to accomplish.

Most of us recognize that medicine is both art and science, and the most important knowledge to be learned or passed on in medicine is how the mind and body can invoke the hidden resources to cope some extraordinary challenges.

Building trust in the relationship with your body, is strengthened the conviction that the human mind can discipline the body, they can set goals, may in some way understand the capabilities and the decision to go forward. "However, some experts do not know enough to give a verdict - condemning a man - and need more

attention to what they say to the patients they may be believed and that could be the beginning of the end"(Cousins, 2011).

All this arguments, sustained in this work, are strongly confirmed by the European Norms for Medicine in the affirmation of obligatory being there of the psychologist in the medical team. This data are officially confirmed like imperative necessity to the Neurosurgical Commission from the Governmental Department of Health (Ciurea A.V.).

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