

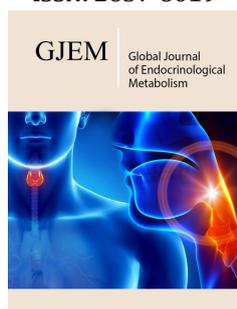
# Clinical Conditions in Stress and Somatoform Disorders

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## Abstract

The psychosomatist must have, in addition to the understanding of the organic, structural and functional disorders the criteria for observing elements of the science of the unconscious world and its paleological aspects in order to be able to demonstrate the real aspect of the symptoms. In this way, both the doctor and the patient can demonstrate an act of hope at the understanding of the roots of the problem as well as faith of getting close to the achievable truth, so as to not cease to increase in comprehension and thus, both patients and psychosomatist, have the opportunity for further growth. Emotional stress can act in two ways: one, through the low serotonin and decreased cortisol constituting apathetic depression, and the other by increasing cortisol, leading to anxiety depression, both of endogenous aspect. In patients with "pain profile", there are verbally abusive, aggressive parents with disorders of interpersonal and conjugal relationships, dominating, but affective only when the patient was sick. In addition to the substance P (pain production substance) they found that the decrease in beta-endorphin, enkephalin and more recently, neurokinin and nerve growth factor, exerting evident influence on the pain process. Psychoanalysis and group analytical psychotherapy have given excellent results for the disappearance of pain. Prolonged stress produces endorphins and suppresses NK killer cells and thus dysplasia in cells may appear. The psychosomatist should not be a being in the world (passive or tantic existence) but rather to be in the world (active, constructive and libidic). It is very strange that this society and this journal founded by psychoanalysts were not properly mentioned in the editorial of this commemoration, the psychoanalytic contribution that revolutionized the etiopathogenic concepts.

**Keywords:** Psychosomatic; Somatoform disorders; Anxiety; Depression; Psychoanalysis; Stress

## Introduction

Evaluation of stress in patients with somatoform disorders can be a very important tool of guidance as to the kind of psychological intervention. Metabolic and hormonal changes respond to stressor agents in multiple different manifestations [1,2]. Somatic symptoms can be detected in an enormous amount of emotional disorders as stress, panic syndrome, depression, anxiety and other altered psychological conditions. It has been demonstrated that stress from unconscious conflicts can affect the reproductive organs producing amenorrhea, dysmenorrhea, premenstrual tension, reaction to birth control pills, pseudofrigidity, sterility, abortion and hypogalactia [3-11].

Psychoprophylaxis of childbirth: it is indispensable to apply it, mainly due to the stress produced by faulty unconscious conflicts in relation to the castrating maternal figure, leading to uterine cervix spasm and parturition difficulties. Emotional stress can produce obesity through stimulation in the hypothalamus, producing increased neuropeptide Y (appetite stimulator) or collectistocinin (satiety controller). The adipose tissue would function by the unconscious fantasy of the patient as an evil object punishing him, give the difficulty of treatment, because he unconsciously "needs" to punish himself, for not having had enough affection to his needs. Psychoanalysis or grupanalysis, associated with decreased food intake (and not accentuating the regimen because the obese is "against" by the predominance of the instinct of death) has given good results as well as behavioral therapy, performed by a competent professional.

Hypoglycemic syndromes show a conflict between dissatisfaction with the task and the responsibility to perform it. Hypoglycemic stress, insulinic shock and L-Dopa may increase melatonin. The latter improves mood, hence its indication for melatoninic (sezonal) and

schizophrenic depressions. Preoperative stress tests ("Cold Pressor", concanavalin and phytoagglutinin) can prove postoperative infections. Many works demonstrated that most so-called "vertebral osteophytosis" have nothing to do with painful syndrome [4,10]. Pain is related to unconscious fantasies of wanting to assault and not being able to. Such is the boomerang system: those who are hostile get back their own aggressiveness, through the endocrine system - increased substance P (Pain Production Substance) and bradykinin (in inflammations).

Psychogenic or neuralgic rheumatism (low back pain, spine, Duplay's disease, etc., with the exception of osteoarthritis of organic and infectious causes) depends on the unconscious fantasies originating in the mold periods and exacerbated by situation factors (humiliation, marital, domestic and work conflicts). Psychoanalysis and group analytical psychotherapy have given excellent results for the disappearance of pain. In addition to the substance P (pain production substance) they found that the decrease in beta-endorphin, enkephalin and more recently, neurokinin and nerve growth factor, exerting evident influence on the pain process [12,13].

In patients with "pain profile", there are verbally abusive, aggressive parents with disorders of interpersonal and conjugal relationships, dominating, but affective only when the patient was sick [14]. In sciatica and low back pain are superactive personalities, restless, dominant, persevering and with extreme altruism, but under this mask presented deep insecurity, desire for dependence, are submissive spouses, with "crisis of superiority", which cannot be maintained. In transcendental meditation (TM Sidho Program) or Zenbuddhism there is a reduction in  $O_2$  consumption and greater elimination of  $CO_2$ , respiratory expansion without hyperventilation, subsequent increase in blood lactate and epinephrine, redistribution of splenic blood flow, increased prolactin and 5-hydroxyindoleacetic acid (excretion), phenylalanine, and interhemispherical coherence of the electroencephalogram with low cortisol and testosterone. If meditation is prolonged, it also lowers blood pressure and cholesterolemia [15].

De Paiva LM [16] studied anorexia nervosa compared to schizophrenia, both hormonally and psychoanalytically and concluded that it was a monosymptomatic psychosis caused by conflict with the mother (toxic breast, that is, milk=food=toxic=mother). It also found that allergic diseases (hives, eczema, rhinitis, asthma, etc.) are stress produced by resentment. The child feels abandoned because he has aggressive fantasies of the parents, especially the mother, due to his suffocating aggressions. It feels as if it has been abandoned on a deserted road and living in a constant state of stress. To do this, it needs the tripod: genetic predisposition, allergen and psychological conflicts [10].

Asthma is a third-generation conflict in the relationship of parents and children, with a decrease in affection and the dopaminergic system is altered in those who suffer from a feeling of separation from the parents.

Through hypnosis, a crisis with a significant increase in histamine is caused only in the group of those who respond with asthma [17]. Death by asthma crisis occurs, more often in individuals with depression and family conflicts.

Treatment by group psychotherapy for mothers of asthmatic children has given good results, especially in cases refractory to other treatments. It has been demonstrated in children, through the test of object relationship and story of Walter Trinka, that one could diagnose an asthmatic child as well as its severity always having a conflict with the parents, especially with the maternal figure. The anguish would be chronic anxiety in acute, exuberant, anachronistic, fantasmatic, stereotyped crisis. It can sue with panic or no state of panic. There are biochemically very different conditions, in which there are high increases in levels of epinephrine and anxiogenic hormones (antigabamodulin, tribulin), however paratyraline, and platelet mono-oxidase, only increase in cases of phobic panic [18].

During a basketball game, the losing team consisted of eager players who revealed high levels of epinephrine. Then there was a fight, during the match, in which these same players of the losing team showed enormous aggression and, at the same time, high levels of norepinephrine that, provoking an intense reaction in this sense, eventually lead them to an authentic general reaction and victory. The panic produced by lactate infusion does not produce crisis in all patients (does not serve as a model), only in 56%, due to the influence of cognitive and emotional state. Tricyclics and monoaminoxidase inhibitors reduce panic attacks but do not interfere with anxiety, and benzodiazepines inhibit anxiety and not panic [19].

Certain stressful factors (bad objects introjected by unconscious fantasies or copy-style, etc.) can produce depressive states, especially when the ego is fragile or bumpy and the individual has had a bad mold period (0-7 years of age due to lack of affection, love, reverie and protection of parents). Emotional stress can act in two ways: one, through the low serotonin and decreased cortisol constituting apathetic depression, and the other by increasing cortisol, leading to anxiety depression, both of endogenous aspect.

De Paiva LM [16] found in schizophrenics in the stages of prostration (chronic stress) neurocirculatory astherin syndrome with low  $T_3$  and basic metabolism and confirmed by some authors [20,21]. Phenylethylamine (PEA or DMPEA) or pink spot dosages were positive in 12 hebephrenic schizophrenics.

In hebephrenia and simple schizophrenia, stress is constant panic, which is why these substances are increased, as are anxiogenic hormones - antigabamodulin, tribulin, taraxein, bufotenin and decreased detyroline-gamma-endorphin with change in dopamine D2 metabolism [16].

Cadaverines and putrefacines of the intestines are increased in the blood of schizophrenics, in the form of monoacil or monopropylverine that would depolarize the neuron membrane [22]. There are numerous intestinal substances that can be toxic to

the neuron: exorphin, gliadin, colecistocinin, etc., mainly in a state of stress. Genital herpes directly appearing after emotional conflicts [23]. The unemployed and divorced individual has a decrease in immune defenses.

Prolonged stress produces endorphins and suppresses NK killer cells and thus dysplasia in cells may appear. Matt 13762 tumor when the stress rat elevates prolactin; beta-endorphin injection into the raphe nucleus increases the number of metastases. Continuous shock stress (which cannot be avoided) called "enslaved" (Yoked) decreases NK killer cells. The escaping "fighter" monkey of shock reduces the growth of the transplanted tumor [24]. This is the case with individuals with neoplasms, called "strong spirit".

LaBarba RC, et al. [25] came to the conclusion that stress in the first days of life of animals, with separation from the mother, lack of manipulation or excess population, decrease their antibody titers, but only as adults; residual immunological changes persisted throughout life. The chronic stress produced by the unconscious feeling of guilt due to intense hatred of the person who should only be loved (fantasy of the combined figure still persecutory, that is, unresolved or forgiven, originating in the mold period - 1 to 6 years of age) would cause certain neoplasms, especially if there is genetic predisposition and preceded by depressive state.

Psychosomatics aims at the unconscious roots of interpersonal relationships. It is not Anthropology because it not only studies man not only as gregarious, but in his relationship with himself, and even more, it is gnose, knowledge. The psychosomatist must have, in addition to the understanding of the organic, structural and functional disorders the criteria for observing elements of the science of the unconscious world and its paleological aspects in order to be able to demonstrate the real aspect of the symptoms. In this way, both the doctor and the patient can demonstrate an act of hope at the understanding of the roots of the problem as well as faith of getting close to the achievable truth, so as to not cease to increase in comprehension and thus, both patients and psychosomatist, have the opportunity for further growth.

Stress can be estimated by various different methods, as with questionnaires used to evaluate the factors that favor and accompany this condition.

Finally, "Psychosomatics, today" progressed satisfactorily.

In the 50<sup>th</sup> anniversary number of "Psychosomatic Medicine", the editorials showed mainly the biochemical and psychoneurological progress of the mind-body correlation. It is very strange that this society and this journal founded by psychoanalysts were not properly mentioned in the editorial of this commemoration, the psychoanalytic contribution that revolutionized the etiopathogenic concepts. Finally, an example of a quantitative analysis of stress can be seen in questionnaires of which there follow an example [16]. It consists of thirty six direct questions and answers whose intensity is evaluated in points and the results interpreted from this score.

1. Emotional tension (worry, dissatisfaction).
2. Work felt as excessive (exhausting).
3. Resentment\*
4. Hassle.
5. Depression (sharper than boredom).
6. Sadness.
7. Irritability (domestic, social or at work).
8. Envy.
9. Physical fatigue related to emotional tension.
10. Ignominy ("bear" of friends and relatives).
11. Headache.
12. Pain in the cervical, lumbar or limbs regions.
13. Dyspepsia when nervous.
14. Flatulence for any food.
15. Passionate and heated discussion. Imagine scary scenes.
16. Barely sleeping.
17. Getting up early, feeling tired.
18. Nightmares.
19. Inattention. Difficulty concentrating due to bad thoughts.
20. Weakened anterograde and retrograde memory.
21. Palpitations.
22. Palmar and plantar sweating.
23. Tremors of small oscillations in the fingerprints.
24. Mental obnubilation before meals.
25. General indisposition.
26. Impulsiveness.
27. Emotional polyuria.
28. Psychomotor agitation. Bruxism.
29. Dizziness.
30. Bulimia or anorexia.
31. Diarrhea or constipation.
32. Changes in libido.
33. "Globus" (ball that goes up to the throat and then goes down to the stomach).
34. Hypersuggestionability.
35. Masochism.

36. Sighing or dyspnea.

\*(domestic, social or at work).

• Mark each symptom with the intensity of the complaint:

1 = Never

2 = Rarely

3 = Sometimes

4 = Very often

Interpretation of the results:

A. Below 40 = there's no possibility of being stress.

B. Between of 40 - 65 = suspected stress.

C. Between of 66 - 99 = moderate stress.

D. >100 = intense stress.

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