

SOMATIZATION AND THE PAINS THAT REFLECT ON THE BODY



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ABSTRACT

Somatization and the pains that reflect on the body are unresolved emotions. Thus, it is important to carry out follow-up activities for this individual with psychosomatic illness. This study read articles to collect data from which to identify the origins and causes of the proposed theme, enabling a comprehensive view, seeking to understand the physical pain resulting from emotions affecting individuals of different ages, sometimes making it impossible to perform daily tasks, affecting their quality of life. The research concluded that the deepening of this theme is of paramount importance, since it seeks to help clarify doubts regarding the disease and treatment. It is extremely important to present possibilities for those who until then did not have the knowledge on this topic or who believe it is unnecessary to talk or seek support.

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INTRODUCTION

Somatization is the type of disease caused by the disorder of feelings causing physical imbalance where the appearance of diseases occurs, already signaled through the various recurrent pains. Psychosomatic diseases are those that interconnect physical and emotional symptoms in various pathologies (Mônica, 2019).

Pathologies are understood as changes in the morphological and physiological system of the human body or other animals. When the body cannot reestablish itself, it can be said that there is a disease. Health is understood as the balance between body and mind (IPTSP, 2023).

Emotions alternate, requiring attention to certain behaviors. From a physiological point of view, emotions are expressed quickly, such as through facial expression, voice or muscle tone (Vaz Serra, 1999 *apud* Martins and Melo, 2008).

It is believed that psychosomatic disorders such as muscle pain, cardiac arrhythmias, some types of arterial hypertension, digestive diseases, among others, are physiological responses of the organs or system that suffer the injury or dysfunction (cardiovascular, respiratory, urinary and others). It is essential to understand that the affected organs work in excess for a long time, going from emotion to injury (Silva, 2000 *apud* Martins and Melo, 2008).

Currently, talking about physical and mental well-being seems difficult since the rush of everyday life makes it impossible to have time for the all-important leisure. Today, there is an increasing need to perform more tasks, overloading the days and giving the feeling that there is not enough time for everything that is necessary. Such an attitude causes mental exhaustion that leads to illness. Sometimes the illness is not noticed, although the body is already showing signs. Most of the time, the signs of the fatigued body are ignored, several reasons justify this act, but none of these reasons will be enough or more important than health itself. The individual must look at himself with respect and affection, in the same way that knowledge of the body and its signs enables the necessary treatment interventions. Health is not reduced to the absence of disease, it is known that health is a complete state of physical and mental well-being, as explained by the World Health Organization (WHO).

From the reading of some articles cited in this work, it was possible to verify that there is no specific population affected by psychosomatic diseases. These diseases belong to society in general without distinction of sex, color, age or social standards. A large part of

society is affected by a disease not yet known with due clarity, so psychosomatic diseases start to develop chronic and acute conditions, often due to lack of knowledge.

It is important to note that people with family members with psychosomatic illnesses will be more likely to develop the disease. Based on this information, people who fit into this context should carry out a more specific medical follow-up, so that at the first signs of psychosomatic illnesses they can receive the necessary follow-up to develop the best treatment. The treatment of psychosomatic diseases provides relief to physical symptoms, generates greater well-being and quality of life for the human being who is a victim of this pathology.

Excessive pain and malaise, which sometimes make it impossible to perform simple daily activities, and living with suffering is not a healthy condition. Therefore, one should increasingly search for information that makes it possible to understand the relationship between body and mind and the appropriate way to carry out an adequate treatment.

According to the WHO (2019), the percentage is 86% of Brazilians with mental disorders. The most common mental disorders are depression and anxiety. Despite being highly publicized mental health problems, many people still do not fully understand the symptoms and manifestations that characterize each of them.

According to the Ministry of Health (2020), depression is characterized by symptoms such as: deep sadness, lack of spirit, pessimism, and low self-esteem. In general, depression can be defined as a process that is characterized by slowing of psychic processes, depressive and/or irritable mood (associated with anxiety and anguish), reduced energy (discouragement, easy tiredness), partial or total inability to feel joy and/or pleasure (anhedonia), disinterest, slowness, apathy or psychomotor agitation, difficulty concentrating and negative thoughts, with loss of the ability to plan the future and alteration of the judgment of reality (Canale; Furlan, 2006, Prado, 2020).

Anxiety disorder, on the other hand, is characterized by exaggerated worries or fears, which prevents the person from relaxing, causing a constant feeling that something bad is going to happen. The problem brings many physical manifestations, including sweating, palpitations, insomnia, tremors, dry mouth, headache, and dizziness (Monica, 2019).

Psychosomatic illnesses are the accumulation of unworked emotional pain that reflects on the body, triggering various daily discomforts, worsening over time due to the lack of treatment. Treatment for psychosomatic illnesses may involve therapeutic

interventions that seek to help the person deal with emotions and thoughts that may be affecting physical health, promoting a balance between body and mind. In some situations, intervention with medication becomes necessary, each case must be evaluated and treated in the best way (Martins, 2008).

Thus, this work aims at the evidence and importance of social actions that provide reception and follow-up activities for patients with psychosomatic diseases.

METHODOLOGY

The qualitative research, with an exploratory and documentary character, will be carried out through a bibliographic investigation. The bibliographic research method chosen refers to a literature review. Literature review is generally the review of research, discussions, and bibliographic material produced by other authors on the topic of investigation (Gonçalves, 2019).

The literature review used in this work refers to the narrative type, which seeks to describe and discuss the state of the art of a given theme proposed in publications, articles and other bibliographic materials, this action then enables a broader view of the subject (Rotter, 2007). The choice for the method is made in view of the scope of the theme and the difficulty of formulating a research question.

The literature search was carried out from 02/01/2024 to 04/30/2024. The keywords used in the search were: health; diseases; somatization and treatments. To obtain the bibliographic reference, the Google Scholar, Pergamum and Scielo platforms will be consulted.

The inclusion criteria selected articles written in Portuguese, without a time frame and that contemplate the interest of the search, directly related to the research objective. After reading the titles and abstracts of the articles, all articles that met the inclusion criteria were selected. Exclusion criteria refer to all situations in which the inclusion criteria were not completely met. The reading of the titles and abstracts of the articles and their selection process were carried out concomitantly by two researchers.

RESULTS

There is a considered difficulty in talking about feelings, since until recently our feelings and emotions were seen as something to be repressed. We know today that our emotions are very important and need to be in harmony so that our body also has a good

biological performance, hence the need to understand the signals that our body gives through the events of your life. Medicine focuses on treating organic diseases and forgets that emotional diseases also cause suffering and not only that, it aggravates existing diseases, it is necessary to investigate not only through clinical exams, but also in that informal conversation held before the requests for exams, this attitude will make a difference (Martins; Melo, 2008).

According to Martins and Melo (2008), emotions are psychophysiological reactions of a universal nature and consist of adaptive responses. However, if there is any prolonged maladjustment in frequency, intensity or adequacy to the context, emotions can become pathological, which will impact the individual (Rodríguez *et al.*, 2009). Negative emotions lead to high physiological activation and, according to a review study by Rodríguez *et al.*, (2009), there is enough data to state that it has a negative effect on health, for example, in periods of great stress, when people develop many negative emotional reactions, certain diseases related to the immune system are more likely to arise, such as, For example, the flu, herpes, diarrhea, or other infections caused by opportunistic viruses. On the other hand, good humor, laughter, happiness, help to maintain and/or recover health (Averill, 1996).

There are studies that prove that there are countless diseases that afflict the individual, triggered or not by their emotional, where people who are more closed, more tense and reached isolation, tend more to develop sadness, depression and pessimism. Let's see: when we get angry, our body is ready either to "flee" or to "fight", when we are angry, we contract; our muscles tense up, while when we feel joy, tranquility, there is a slowing down of these energies (Averill, 1996).

Human bodies "know" what emotions ask of them and respond with "obedience", giving as an answer, perhaps, a headache, a heart disease (Soares, 2006).

There are some questions about whether or not the appearance of cancer is related to emotional affective issues. We know that feelings, affections and emotions are indeed linked to the cells of our body, hence the need for emotional balance being extremely relevant.

Studies prove that defective cells are continuously controlled by our Immune Defense System, which aims to prevent a disordered production of abnormal cells. All the components of our Immune Defense System, it seems, are linked to emotions and feelings.

Cancer does not happen overnight, often its development and evolution began several months or even years ago. The lack of affection, affection or perhaps the anger

incubated throughout a life causes the disordered proliferation of cells, since the immune system does not send the correct message to the cells, the body is also destabilized, causing an imbalance in health (Soares, 2006).

When it comes to the heart, the issue seems clearer. There is no one who fails to notice that his heart accelerates in the face of certain emotional situations, as well as to attribute some symbolic representation to it, thus investing it with a subjective meaning. Nevertheless, the ways and manner in which emotions reverberate in the heart. Anxiety situations stimulate the release of catecholamines and corticosteroids through the hypothalamus, either by direct action of the sympathetic system or by indirect action on the adrenals. Some of these substances have repercussions on the cardiovascular system and can cause an increase in heart rate, blood pressure, peripheral vasoconstriction and other reactions. (Soares, 2006).

The skin is a particularly fascinating organ, and skin diseases can fall among the biopathies of the nervous system, as the nervous system originates in the ectoderm of the embryo. It is both intimately private and remarkably public, it is the final interface between self and other—our inner world and our outer world. It ends up being the portal through which we feel the world and through which our first sensations happened – touch – when we were born (Soares, 2006). Scholars tend to claim that some problems are caused by stress, conflicts of feelings, and hostile-aggressive impulses. Like primary myopathies, which tend to have a strong emotional component, these are: eczema, psoriasis, dermatitis, alopecia, among others.

There are two main types of treatments for disorders involving psychosomatic illnesses, psychotherapeutic, which are non-drug treatments done by psychologists and psychiatrists that include individual or group therapies and psychotherapies, and somatic, which are medication. Generally, psychotherapeutic and somatic treatments are used together to have better control of the disorder. However, a single type can be used, depending on the type of disorder (Sadock; Sadock; Sussman, 2014 *apud* Santos, 2019).

Psychotherapy is the therapy developed through dialogue between therapist and patient, where one tries to find the origin of the problem and help correct the patient's way of thinking, the treatment can be individual, with couples or in groups with the same problem, (Rosenthal, 2008).

Somatic treatments are those that use elements that stimulate the brain, such as psychotropic medications, (Dalgarrondo, 2018 *apud* Santos, 2019). Drug treatment is the

most used to treat mental disorders and can often be used in the treatment of psychosomatic diseases, most of the time it is used with some type of psychotherapy, to obtain better results. With the advancement of technology and the discovery of new drugs, psychoactive drugs have been shown to be increasingly effective and safe for different types of disorders. However, many of them cause dependence and many adverse effects, which makes it difficult to adhere to treatment (Videbeck, 2016 *apud* Santos, 2019).

The waiting room groups adapt to what is recommended in terms of group psychological interventions in support of somatic patients, patients with chronic or psychosomatic diseases. The waiting groups offer emotional support and clarify some medical and other various issues experienced by the patients. They are spaces for conversation, reflection and exchange of experiences among patients (Moreira Júnior, 2001 *apud* Veríssimo and Vale, 2005) and the act of "talking together" is highlighted as a potentially fertile process for constructions on health themes. It is about favoring the encounter between people experiencing similar conflicts and anxieties mediated by health professionals, so that they can think of ways to better live a given situation (Domingues, 1992 *apud* Veríssimo and Vale, 2005).

Another treatment used for psychosomatic illnesses is massage therapy, which can also add to a better quality of life and help to body therapies, if both work together, (psychotherapist and massage therapist). Through the exchange of diagnoses, both can work on the flexibility of the armor, psychic and muscular, not exactly breaking them, but rather giving them flexibility, contributing to work from the inside out and from the outside in. These therapies, which are complementary, aim to show the subject that he can return to having pleasure in life and be someone healthier on a physical and mental level and more aware in his life (Seubert; Veronese, 2008).

FINAL CONSIDERATIONS

This research allowed us to improve the understanding of psychosomatic pain, clearly exposing the possible causes and recognizing psychosomatic illness as an illness that afflicts most of the population through the emotional, reflecting on the physical.

He also highlighted that the information on diagnosis and treatment is clear so that people who are suffering from psychosomatic illness seek forms of appropriate treatment for a better quality of life, always seeking balance between mind and body, as we know that the proper functioning of our body depends on the balance of our emotions.

REFERENCES

1. Averill, J. R. (1996). Intellectual emotions. In R. Harré & W. G. Parrott (Eds.), **The emotions: Social, cultural and biological dimensions** (pp. 24–38). London, England: Sage Publications. (Cited in Martins & Melo, 2008)
2. Baltrusch, H. J., Stangel, W., & Titze, I. (1996). Stress, cancer and immunity: New developments in biopsychosocial and psychoneuroimmunology research. **Acta Neurologica*, 13*(4), 315–327.
3. Canale, A., & Furlan, M. M. D. P. (2006). Depressão. **Arquivos do MUDI*, 10*(2), 23–31.
4. Dalgalarondo, P. (2018). **Psicopatologia e semiologia dos transtornos mentais** (3rd ed.). Porto Alegre, Brazil: Artmed. (Cited in Santos, R. A. (2019). **A atenção farmacêutica no tratamento das doenças mentais** (Unpublished undergraduate thesis). Faculdade Anhanguera de Guarulhos, Guarulhos, Brazil. Retrieved from https://repositorio.pgsscogna.com.br/bitstream/123456789/27629/1/REJANE_SANTOS_ATIVIDADE_2_3.pdf)
5. Domingues, J. M. (1992). Aspectos da intervenção de terapia ocupacional no ambulatório de ginecologia de adolescentes. **Revista de Terapia Ocupacional USP*, 3*(1/2), 65–71. (Cited in Veríssimo, D. S., & Valle, E. R. M. (2005). Grupos de sala de espera en el apoyo al paciente somático. **Revista SPAGESP*, 6*(2). Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-29702005000200004)
6. Gonçalves, G., et al. (2019). O corpo como superfície de inscrição do sintoma e do acontecimento de corpo. [Details incomplete; further information needed for full citation].
7. Gonçalves, J. R. (2019). Como escrever um artigo de revisão de literatura. **Revista JRG de Estudos Acadêmicos*, 2*(5), 29–55. <https://doi.org/10.5281/zenodo.4319105>
8. Instituto de Patologia Tropical e Saúde Pública. (2023). **O que é patologia**. Retrieved November 20, 2023, from <https://patologia.iptsp.ufg.br/n/4886-o-que-e-patologia>
9. Lima, T. C. S., & Miotto, R. C. T. (2007). Procedimentos metodológicos na construção do conhecimento científico: A pesquisa bibliográfica. **Katálysis*, 10*, 37–45.
10. Martins, M. C., & Melo, J. M. (2008). Emoção: Emoções que implicações para a saúde e qualidade de vida? **Millenium**, 125–148.
11. Ministério da Saúde. (2020). **Depressão**. Retrieved November 20, 2023, from <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/d/depressao>
12. Mônica, H. S. (2019). Entenda o que são doenças psicossomáticas: Qual a origem, sintomas e tratamentos. **Hospital Santa Mônica**. [Online article; further details needed for full citation].

13. Moreira Junior, C. S. (2001). Grupo de sala de espera em ambulatório de geriatria: A produção de sentidos sobre o envelhecimento humano (Unpublished master's thesis). Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, Brazil. (Cited in Veríssimo, D. S., & Valle, E. R. M. (2005). Grupos de sala de espera en el apoyo al paciente somático. *Revista SPAGESP, 6*(2). Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-29702005000200004)
14. Organização Mundial da Saúde. (1998). *Glossário de promoção à saúde*. Geneva, Switzerland: Author.
15. Organização Mundial da Saúde. (2019). *Revisão mundial sobre saúde mental*. Geneva, Switzerland: Author.
16. Prado, A. D., et al. (2020). A saúde mental dos profissionais de saúde frente à pandemia do COVID-19: Uma revisão integrativa. *Revista Eletrônica Acervo Saúde, (46)*, e4128. <https://doi.org/10.25248/reas.e4128.2020>
17. Rodríguez, J. A. P., et al. (2009). Emociones negativas y su impacto en la salud mental y física. *Suma Psicológica, 16*(2), 85–112. Retrieved from <https://www.redalyc.org/articulo.oa?id=1342/134213131007>
18. Rosenthal, R. J. (2008). Psicoterapia psicodinâmica e o tratamento do jogo patológico. *Brazilian Journal of Psychiatry, 30*, S41–S50. <https://doi.org/10.1590/S1516-44462008005000007>
19. Rother, E. T. (2007). Revisão sistemática X revisão narrativa. *Acta Paulista de Enfermagem, 20*(31).
20. Sadock, B. J., Sadock, V. A., & Sussman, N. (2014). *Manual de farmacologia psiquiátrica de Kaplan & Sadock* (6th ed.). Porto Alegre, Brazil: Artmed. (Cited in Santos, R. A. (2019). *A atenção farmacêutica no tratamento das doenças mentais* (Unpublished undergraduate thesis). Faculdade Anhanguera de Guarulhos, Guarulhos, Brazil. Retrieved from https://repositorio.pgsscogna.com.br/bitstream/123456789/27629/1/REJANE_SANTOS_ATIVIDADE_2_3.pdf)
21. Salvador, A. D. (1978). *Métodos e técnicas de pesquisa bibliográfica*. Porto Alegre, Brazil: Sulina.
22. Seubert, F., & Veronese, L. (2008). A massagem terapêutica auxiliando na prevenção e tratamento das doenças físicas e psicológicas. In *Encontro Paranaense, Congresso Brasileiro, Convenção Brasil/Latino-América, XIII, VIII, II*. [Details incomplete; further information needed for full citation].

23. Silva, M. A. D. (2000). *Quem ama não adoece: O papel das emoções na prevenção e cura das doenças*. Lisboa, Portugal: Editora Pergaminho. (Cited in Martins & Melo, 2008)
24. Soares, L. S. C. (2006). Doenças psicossomáticas, uma linguagem corporal. *IGT na Rede, 3*(4).
25. Vaz Serra, A. (1999). *O stress na vida de todos os dias*. Coimbra, Portugal: Gráfica de Coimbra Lda. (Cited in Martins & Melo, 2008)
26. Veríssimo, D. S., & Valle, E. R. M. (2005). Grupos de sala de espera en el apoyo al paciente somático. *Revista SPAGESP, 6*(2). Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-29702005000200004
27. Videbeck, S. L. (2016). *Enfermagem em saúde mental e psiquiatria* (5th ed.). Porto Alegre, Brazil: Artmed. (Cited in Santos, R. A. (2019). *A atenção farmacêutica no tratamento das doenças mentais* (Unpublished undergraduate thesis). Faculdade Anhanguera de Guarulhos, Guarulhos, Brazil. Retrieved from https://repositorio.pgsscogna.com.br/bitstream/123456789/27629/1/REJANE_SANTOS_ATIVIDADE_2_3.pdf)
28. Videira, B. M. P. (2020). *Emoções e doenças orgânicas* (Unpublished master's thesis). [Institution details incomplete; further information needed for full citation].