

СУЧАСНІ ДОСЛІДЖЕННЯ В ГАЛУЗІ СПЕЦІАЛЬНОЇ ПСИХОЛОГІЇ

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THE RELATIONSHIP OF THE SELF-IMAGE WITH PSYCHOSOMATIC DISORDERS IN TERMS OF VARIOUS PSYCHOLOGICAL THEORIES

Viktoriia Overchuk, Silviia Dimitriu

Annotation. Health today determines the specifics and situation of modern society, which is determined by the impact of socio-economic, environmental, geopolitical, and demographic crises and the state of mental and nervous tension, and prolonged stress, increasing the level of specific diseases. Health is increasingly recognized not only as the highest value but also as a social problem.

In the early nineteenth century, the term «psychosomatics» appeared in Anglo-American medicine, which was proposed in 1818 by J. Heinroth, who explained somatic diseases with psychogenic aetiology. Thus, for example, he considered the causes of tuberculosis, epilepsy and cancer because of anger, shame and sexual suffering. It took a hundred years for this term to be used by doctors.

In the modern world, the definition of the term «psychosomatics» should be given based on the meaning of its constituent words (Greek *psyche* - soul, *soma* - body). These are primarily functional disorders of internal organs or systems of the human body, the formation and course of which are associated with the peculiarities of the mental response of the personality, or those that develop because of stress, mental trauma and other psychological factors.

Over time, several psychosomatic theories have emerged in response to the needs of medical practice. Consequently, there is a dualistic consideration of bodily phenomena: on the one hand, they must be objectified in medical terminology, and on the other hand, medicine is unable to explain a significant part of them.

Keywords: «self-concept», «bodily self», psychosomatic disease, «body image» and «self-image».

The state of study problem. The development of psychosomatics as a scientific approach has a connection with several psychodynamic concepts: conversion mechanisms, which was considered by Freud; places of least resistance, according to Adler; personality profiles, F. Dunbar; specific conflicts of F. Alexander; experiences of loss of the object of M. Engel; alexithymia of N. Sifneoz. The psycho-emotional component in the development of somatic diseases is the subject of research by many domestic and foreign scientists. For example,

the influence of emotions on physiological processes was studied by I. Pavlov, the body's response in extreme conditions was considered by W. Cannon, G. Sellier introduced the concept and thoroughly described the general adaptation syndrome, B. Locke studied psychoneuroimmunology. The holistic approach is presented in the theoretical concepts of G. Bateson, R. Maturan, sociopsychosomatic models of V. Shafer, and G. Delius. The analysis of scientific works on psychosomatics allowed distinguishing two main approaches: general

in which attention is mainly paid to the study of psychological factors that have an impact on all psychosomatic disorders without exception; specific, in which each disease corresponds to its type of psychological characteristics, its own set of emotional manifestations, personality traits.

Also noteworthy is the contribution to the study of psychosomatic disorders of modern Ukrainian scientists O. Haustova, D. Kharchenko, K. Pronoz, L. Peretiatko, M. Teslenko, I. Hrytsiuk, I. Savenkova, A. Shevchuk, T. Yeremenko, T. Khomulenko and others.

However, the influence of self-image on the development of psychosomatic disorders still needs to be studied.

Presentation of the main material. The body is the centre of personality functioning, so the desires, impulses, and aspirations of a person often have somatic sources. Deviations in personality development often have psychosomatic causes. The body image can simultaneously exist as an ideal image, perception of one's appearance, reflected perception from other people, perception of one's health, physical abilities and age limitations. James U. is considered the founder of the doctrine of «bodily self» in the structure of the psyche. In somatic pathology, the body becomes its object of consciousness. Many scholars believe that corporeality metaphorically expresses the psychological problems of the individual. According to several well-known psychologists, such as R. Burns, S. Cohn, A. Nalchadjian and others, the attitude to one's own body shapes the attitude of a person toward his self. In psychology, there are different approaches to determining the place and role of the bodily self in the structure of the personality, from its almost complete exclusion from the structure of self-consciousness to the consideration of the «bodily self» as one of the leading factors in the organization of the psyche. There are also assumptions that the

development of the «bodily self» does not stop at an early age, it is corrected, supplemented and transformed throughout a person's life. The «bodily self» is the experience of the body as the embodiment of the Self, the core of identity. Ego-identity is the result of the synthesizing function of the ego, the system of conscious and unconscious ideas of a person about his self and relationships with others. For some authors, identity is one of the properties of the self-concept, for others – the self-concept is a conscious part of identity [1, c.234].

A significant contribution to the study of the self-concept belongs to R. Burns, who plays an important role in the formation of the self-concept of the body image. In his opinion, body image contains primarily an assessment of one's physical self. Thus, the imaginary idea of our appearance is not reduced to a mirror image and a greater or lesser extent corresponds to the real structure of our body. Being a psychological formation, body image includes our perception of ourselves in physiological and social terms. R. Burns identifies four factors that influence the structure of body image [2, c.23]:

- 1) Real subjective external perception of the body in terms of functional features in general.
- 2) Internalized psychological factors arising from emotional experiences and various life situations.
- 3) Sociological factors: reactions of others to the individual and his interpretation of these reactions.
- 4) An ideal body image that summarizes an individual's attitude to his or her body, resulting from specific observations, comparisons and identification with the bodily qualities of other people [3, c. 98].

The image-Self is influenced by the subject's attitude to his body, the image of the bodily Self.

Let us consider what is meant by the image of the bodily self. Thus, E.T.Sokolova identifies four main directions of the study of the image

of the bodily self:

1) The study of the boundaries of the body-self: within the framework of these studies, the interrelationships of the certainty of the boundaries of the body image and the peculiarities of the localization of psychosomatic symptoms; the certainty of the boundaries of the body with the peculiarities of the internalized system of relations with socially defined objects were studied.

2) The study of such body characteristics as «appearance», these studies is divided into two approaches:

- According to S. Fisher, the body is considered a carrier of personal, and social meanings, and values, that is, the emotional attitude to one's appearance is considered;
- R. Shons relies on the cognitive component, the understanding of «How accurately does the subject perceive his body?» and considers the body as an object with a certain shape and size.

3) The study of body image and its relationship with the self-concept in the framework of psychoanalytic theory. That is the consideration of the body and its functions as carriers of a certain symbolic meaning [4, c.189].

4) Research of body image from the point of view of neuropsychology: analysis of the activity of certain neural systems that form the body image, to understand the concepts of «body image» and «body schema» as independent phenomena. After all, the «body schema» is a stable awareness of a person's body, and the «body image» is defined as a situational mental representation of one's own body and is considered because of mental reflection [5, c. 79].

In our opinion, it is worth noting the understanding of the image of «self» in clinical neuropsychology. Thus, I.M. Tonkonohyi, A. Puante understand the «self-image» as

a virtual model of «self», which represents the subject and its relations in the physical and social world. The image of the body is concentrated in the allocentric and egocentric space of the physical world, and the social model performs a regulatory function of self-attribution in the social world [6, c.345-346].

In addition, scientists agree with Jaspers that the «image of the self» contains such formal features as:

1) Sense of activity - awareness of oneself as an active being;

2) Awareness of one's unity: «I am aware that I am one»;

3) Awareness of one's own identity in time;

4) The realization that «I» is different from the rest of the world, from everything that is not «I» [7, c.342].

It is important to note that Puante, I. M. Tonkonohyi point to the close connection of the «social model of the self» with the body image, which modern authors often include in the model of the «self» [6, c. 356].

Recent studies of the relationship between body image in terms of its boundaries and personality characteristics of a person, prove that the lower the degree of certainty of the boundaries of the body image, the weaker the autonomy, and the high level of protection and uncertainty in social contacts; and vice versa - the stronger the boundaries, the stronger the autonomy and the personality is better adapted to society [7, c.343]. Even S. Freud emphasized the close connection of the «self-image» with bodily experiences, pointed out the importance of social interaction between people and argued that all psychological acts originate from the biological nature of the body [8, c. 45-46]. Freud put forward the idea of conversion. Conversion is a shift of mental conflict and an attempt to resolve it through the body, which in turn reacts with various somatic symptoms. Freud Z. put forward the following concept that mental conflict acts in an organic costume and mental disorders

are played out on this stage. Gredok Georg had a slightly different opinion, he believed that not only hysterics can make themselves sick in the pursuit of their own goals; every person has this ability and can do it to the extent that we cannot even imagine. Freud appreciated and accepted Gredok's position and began to consider the disease in terms of personality behaviour [9, с.23-24]. Ammon G. proved that the Self is in close connection with somatic as it manifests itself bodily. The author takes into account the doctrine of Freud that the body, and above all its surface, is a place from which both external and internal sensations can come.

«Self» is first corporeal and at the same time a projection of the surface. «Self» can be considered as a mental projection of the body's surface, because it is the surface of the mental apparatus. Schylder expresses the diametric opposite of Freud's Z. regarding instinctive-psychological explanations of life processes. He believes that the instinct of the «self» is the desire for contact with the object (which brings pleasure), in contrast to Freud, who believes that the main instinct is the instinct of death, avoidance of contact and relief of tension. Ammon G. highlights the contribution of Max Schur, who, based on intensive research on the psychodynamics of skin diseases, put forward a general psychosomatic concept that puts psychosomatic diseases in the context of development. Schur spoke of resomatization as a step backwards where the soul and body reacted as one. Resomatization is possible with weakness or basic disturbance of the Self.

Modern views on psychosomatic diseases are based on Alexander's theory of emotional specificity, nonspecific theory and the theory of cortical-visceral connections, which is based on the research of I.P.Pavlov. Any psychosomatic disease corresponds to an unconscious inner personal conflict that causes anxiety, and autonomic dysfunction. The «self-image» of a person, as well as other components of the «self-

concept», has several structural components: «real self», «ideal self», and «mirror self» («self» through the eyes of others). The importance of these components varies depending on the context, and the life experience of the person under the influence of the situation. The study of self-consciousness has been particularly intense in recent decades. «Self-concept» is one of the most important personal formations, and its violation is an important factor in the development of psychosomatic disorders.

Conclusions. After analysing the theories and works of leading scientists who studied the self-image and self-concept, we decided in our further research of the self-image in people with psychosomatic disorders to adhere to the analytical theory and consider somatic illness as a specific form of disorders of the basic functions of the self. After all, the integrity of one's self-image forms the content of life and makes human behaviour individual; the self-concept is the centre of self-control and self-regulation of the inner world of the individual. We will consider the self-image in combination with such components as self-attitude, self-respect, self-esteem, and clarity of the self-concept; we will take into account the expression of the main functions of the personality (aggression, anxiety, internal and external separation and narcissism). We will also monitor the correlation of these indicators with the dermatological index of quality of life and the type of protective mechanisms.

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ЗВ'ЯЗОК ОБРАЗУ «Я» ІЗ ПСИХОСОМАТИЧНИМИ РОЗЛАДАМИ З ТОЧКИ ЗОРУ РІЗНИХ ПСИХОЛОГІЧНИХ ТЕОРІЙ

Вікторія Оверчук, Сільвія Дімітріу

Анотація. Здоров'я на сьогоднішній день визначає специфіку та становище сучасного суспільства, яке визначається впливом соціально-економічних, екологічних, геополітичних, демографічних криз та станом психічно-нервової напруги, тривалого стресу, внаслідок чого зростає рівень специфічних захворювань. Здоров'я дедалі більше усвідомлюється не тільки, найвища цінність, але й як соціальна проблема.

На початку ХІХ століття в англо-американській медицині з'явився термін «психосоматика», який запропонував у 1818 році J. Heiproth, який пояснював соматичні захворювання з психогенною етіологією. Так, наприклад, причинами виникнення туберкульозу, епілепсії

та раку він розглядав як результат переживання почуття злості, сорому та сексуальних страждань. Сто років було потрібно для того, щоби цей термін увійшов у вжиток лікарів.

У сучасному світі визначення терміну «психосоматика» слід надати виходячи зі значення складаючі його слів (грец. *psyche* – душа, *soma* – тіло) – це насамперед функціональні розлади внутрішніх органів або систем організму людини, формування та протікання яких пов'язані з особливостями психічного реагування особистості людини, або такі, що розвиваються внаслідок впливу стресу, психічної травми та інших психологічних чинників.

З часом сформувалася низка психосоматичних теорій, які виникли у відповідь на потреби медичної практики. В наслідок цього відбувається дуалістичний розгляд тілесних феноменів: з одного боку, вони мають бути об'єктовими у медичній термінології, а з іншого боку медицина не здатна пояснити значну їх частину.

Ключові слова: «Я-концепція», «тілесне Я», психосоматична хвороба, «образ тіла» та «Я-образ».

Відомості про авторів:

Вікторія Анатоліївна Оверчук, доктор економічних наук, кандидат психологічних наук, професор, завідувач кафедри психології, Донецький національний університет імені Василя Стуса, м. Вінниця, Україна

e-mail: vik.over030506@gmail.com; <https://orcid.org/0000-0002-7744-9346>

магістранка 2-го курсу спеціальності 053 Психологія, кафедри психології, Донецький національний університет імені Василя Стуса, м. Вінниця, Україна

e-mail: dimitriu.s@donnu.edu.ua

Information about authors:

Vikoriia Overchuk, Doctor of economics, candidate of psychological sciences, Professor, Head of Psychology Department, Vasyl' Stus Donetsk National University, Vinnytsia, Ukraine

Silviia Dimitriu, 2nd year master's student, specialty 053 Psychology, Vasyl' Stus Donetsk National University, Vinnytsia, Ukraine