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## **Psychological measures to protect arterial hypertension and diabetes**

Arterial hypertension and diabetes refer to the most widespread illnesses of modernity. The danger of these diseases is that a person does not realize at once problems concerning his/her health, considering appearance of illness symptoms to be different forms of temporary sickness. Biological readiness of the organism to these diseases manifest itself in morphologically allowable rejections (deformation of vessels as a result of a mechanical tension, raised levels of cholesterol and sugar in blood).

Physicians, psychiatrists focused on humanistic determination of a person assert, that the biological readiness for disease is not a final verdict, since essential counteraction to it (verdict) is the psychological way of life (resource) of the person (positive thinking, emotional competence, socially focused motives, values). In case of a psychological resource deficiency the biological readiness to the disease is fixed and turns into the status of a disease.

As a result of arterial hypertension and diabetes (especially in hard and chronic forms) the mentality of a person can undergo very significant changes, up to appearance of psychopathological symptoms. The illness can cause somatogenically dependant boundary psychological frustration. Besides, the illness imposes strong changes on the habitual lifestyle of the person. Restriction in movement, decrease in activity level and necessity of keeping a diet result in reduction of person's contacts with the outside world, creates difficulties in dialogue with other people, changes his/her self-awareness and image of the world. This can result in psychological frustration, accompanied by increased uneasiness, emotional agitation, inclination to depression.

In the part of reasoning about consequences of hypertension it is necessary to note, that medical and socio-psychological statistics specifies: the diseases of heart and vessels are the most often reason of death in the economically advanced countries. Last years cardiologists attach more and more importance to psycho-social risk factors and their connection with somatic factors [Александр 2004]. Lifestyle, person's set of attitudes and a person's position in his/her professional and family environment are important for blood circulation and its physiological regulation.

Psychosomatic component first of all is characteristic for the following diseases of cardiovascular system: low-renin essential hypertension, ischemic heart disease, heartbeat break, fear heart neurosis.

Analyzing and generalizing results of researches aimed at revealing psychological features of the patients with diseases of cardiovascular system, it is possible to note, that those who suffered severe brain blood circulation damage change their lifestyle, physical health along with personality features. Hypertensive patients, in particular, demonstrate the following personality features as emotional instability and frustration in a greater degree than healthy people.

The study of personality features of the patients who have suffered cerebral thrombosis shows, that there is a clear typology of hypochondriac character, which reveals in their egocentrism, pessimistic attitude to life, low spirits, feeling often uncomfortable, irritability, anxiety, pessimistic attitude to an opportunity of overcoming the problems, experience of fear while making important decisions, uneasiness is shown.

As basic reasons of diabetes occurrence the following should be figured out [Малкина-Пых 2004]:

- 1) Conflicts satisfied with the help of meal;
- 2) Equating values of meal and love to each other (with love, taken away, emotional experience of hunger arises and, thereby, irrespective of food reception, a hungry metabolism, corresponding to a diabetic one);
- 3) Fear, preserved during the whole life, leads to a constant readiness for struggle or escape from corresponding hyperglycemia without reset of psychophysical pressure. On the basis of chronic hyperglycemia diabetes can develop.

A widely accepted point of view now is that labile diabetes is a behavioral and not a path-physiological problem [Курпатов 2007; Малкина-Пых 2004]. Medical experts came to the conclusion, that such patients afford potentially dangerous social behavior because it is „paid off” in sense of other needs satisfaction, irrespective of whether it is love or shelter, favorable opinion or escape from any other insoluble conflict.

Modern researches confirm, that people suffering from diabetes often have a number of psychological problems revealed in behavior desadaptations. The patients emotional behavior influences significantly the dynamics of the disease [Курпатов 2007; Малкина-Пых 2004].

According to the results of subjective psycho-diagnostic methods the patients with diabetes diagnosis demonstrate emotional stability, „specific” independence on the background of social passivity is revealed. The results of observation specify presence of labile emotional recognition of self and other people of their environment up to experience of an „inferiority complex” and loss of meaning of life. This last fact reflects „specificity” of patient’s independence (outward semblance of emotional stability, steadiness and, consequently, behavior potentially dangerous to preservation of health).

From said above follows, that the necessity in preventive psychological measures of arterial hypertension and diabetes is obvious. The measures should be aimed at formation of creativity, goal setting, reflectiveness in the structure of a person's psychological way of life according to the contexts of starting mechanisms of diseases.

Creativity is understood as the following aspects of behavior: positive attitude in the process of perception and form of thinking; to generate flexibility, polyalternativeness in the behavior scripts, congruence of external (observable) and internal (experienced) plans of the personality; ability to accept individual feedback, to state one's own point of view using „I” pronoun (in a counterbalance to constraint, tension, banality); mastering of the functional analysis of reason-result relations; emotional self-expressions.

The process of reflexivity is understood as comprehension of rational and irrational beliefs control (i.e. self-restriction in such emotions as grief, concern, regret, disappointment etc. via positive lexicon).

Goal setting formation is management of desirable future models, development and decision making (putting the general goal and sets of goals according to the essence and character of soluble problems, awareness of the purpose of desirable model, strategic set of attitudes).

Formation of creativity, reflectiveness, goal setting in the structure of a psychological way of life of the patient refers to the field of personality-focused medicine, its development being obviously possible only under condition of psychologists and medical experts cooperation.

### **Literature**

Александр Ф. (2004), *Психосоматическая медицина*. – М., Институт Общегуманитарных исследований.

Курпатов А. (2007), *Психосоматика, психотерапевтический подход*. – М., ОЛМА.

Малкина-Пых И.Г. (2004), *Психосоматика*. Справочник практического психолога. – М., „Эксмо”.

### **Abstract**

A person's mentality undergoes very significant changes up to psychopathological symptoms as a result of arterial hypertension and diabetes (particularly in hard and chronic forms). The necessity of preventive psychological measures is observed in the paper.

**Key words:** arterial hypertension, diabetes, health, preventive psychological measures, personality, creativity, reflectiveness, goal setting, personality-focused medicine.