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ИССЛЕДОВАНИЕ ОТНОШЕНИЯ К БОЛЕЗНИ У ЛИЦ, ПОДВЕРЖЕННЫХ ИПОХОНДРИИ

***Аннотация**: как и всякое другое отношение, отношение к болезни является индивидуальным, избирательным и сознательным. Любая болезнь не только влияет на присущие преморбидной личности психические процессы, состояния и психологические свойства, но и ведет к появлению такого «психологического новообразования», как отношение к болезни, которое в той или иной степени участвует в регуляции психической деятельности и поведения больного. В статье рассмотрены данные исследования отношения к болезни в тех случаях, когда соматическое заболевание сочетается с ипохондрическим расстройством.*

***Ключевые слова**: ипохондрическое расстройство, тип отношения к болезни, послеоперационная реабилитация, пациент, испытуемый, врач.*

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A STUDY OF ATTITUDE TOWARDS DISEASES IN HYPOCHONDRIA-PRONE INDIVIDUALS

***Abstract**: as any other attitude, the attitude towards diseases is individual, selective and conscious. Any disease not only affects the mental processes, states and psychological properties inherent in a premorbid personality, but also leads to the emergence of such a 'psychological neoplasm' as an attitude towards the disease which is involved in the regulation of the patient's mental activity and behavior to varying degrees. The article discusses research data on the attitude towards the disease in cases where a somatic disease is combined with hypochondria disorder.*

***Keywords**: hypochondriasis, types of attitude towards the disease, postoperative rehabilitation, patient, research participant, doctor.*

Currently, the influence of the psychological characteristics of the patient on the course of the disease is beyond doubt, and the study of these characteristics is becoming increasingly important. The doctor interacts not only with the body, but also with the personality of the patient as a whole, more truly, with their huge variety. The patient's attitude to his disease affects other significant personal relationships. In this regard a comprehensive study of the attitude to the disease in the broad context of a holistic psychological structure of the personality of patients is needed. A comprehensive study of the attitude to the disease is necessary in the broad context of the holistic psychological structure of the patient's personality, taking into account their attitude to those areas of the functioning of the personality that can be influenced by both the fact of the disease and the attitude of the individual [1].

The relevance of research is determined by the fact that the identification and study of factors that can influence the formation of the type of attitude towards the disease could serve as a kind of «target» for the psychological correction of maladaptive response options for the disease. The attitude to the patient's disease has an essential impact on many significant areas of the personality. Therefore, a comprehensive study of the attitude towards the disease is currently necessary [2].

The term attitude includes countless variety of objects signs and properties in their interdependence from each other, as well as in mutual disposition and interconnection. The study of the term «attitude» as a psychological category in Soviet psychology began after the work of A.F. Lazursky. Based on his intentions, the term «attitude» was studied in more detail by V.N. Myasishchev. He wrote: «Based on the fact that the concept of an attitude is irreducible to others and indecomposable to others, it must be recognized that it represents an independent class of psychological concepts» [3; 352]. N.N. Obozov examined interpersonal relations, highlighting empathy as one of the key mechanisms of their formation and functioning. Attitude has a significant impact on the character, temperament, ability, personality sets, as well as on the personality itself. Attitude is an integral part of the psyche of the individual, since it manifests itself in cognitive processes.

Like any other attitude, the attitude to the disease is individual, selective and conscious, that is, it reflects an individual or personal level. Any disease not only affects the mental processes, conditions and psychological properties inherent in a premorbid personality, but also leads to the emergence of such a «psychological neoplasm» as an attitude to the disease, which to one degree or another is involved in the regulation of the patient's mental activity and behavior [4].

Currently, the mechanism of hypochondria formation is poorly understood. Based on the I.P. Pavlov's theory of Higher Nervous Activity, hypochondria can be considered as the result of inertia of the main nervous processes in the cerebral cortex at the level of analyzers of the internal environment. According to the concept of the Soviet psychiatrist V.A. Gilyarovsky, this condition occurs as a result of the perception by the central nervous system of signals from internal organs, which are normally suppressed and do not reach the human consciousness. According to the ICD – 10, modern psychiatrists and psychologists attribute hypochondria to mental disorders of the somatoform type. In addition, in comparison with most of the diseases included in this group, the main aspect of the diagnostics is not the presence of certain somatic symptoms that have no organic explanation, namely, emotional characteristics – anxiety in relation to health, which determines how patients behave [5; 55].

The study was conducted on the basis of LLP MF «Hippocrates», Karaganda. The study involved 45 people aged 45 to 70 years and are divided into two age groups. The sample consisted of patients (men – 30.43%, women – 69.57%), who applied to this institution for medical care in connection with a disease that bothered them. After identifying subjects suffering from hypochondriacal disorder, they were divided into subgroups depending on the reason for seeking medical care:

1. Gastrointestinal tract disorders (21,74%):

– gastritis of the stomach;

– cholecystitis.

2. CVD (30,43%):

– CHD;

– high blood pressure;

–stroke rehabilitation.

3. Respiratory diseases (30,43%):

– bronchial asthma;

– congestive bilateral pneumonia.

4. Postoperative rehabilitation after injury (4,35%);

5. Acute pyelonephritis (13,04%).

In addition to dividing the subjects into subgroups, depending on the age and reason for seeking medical care, the separation was made according to the length of the disease:

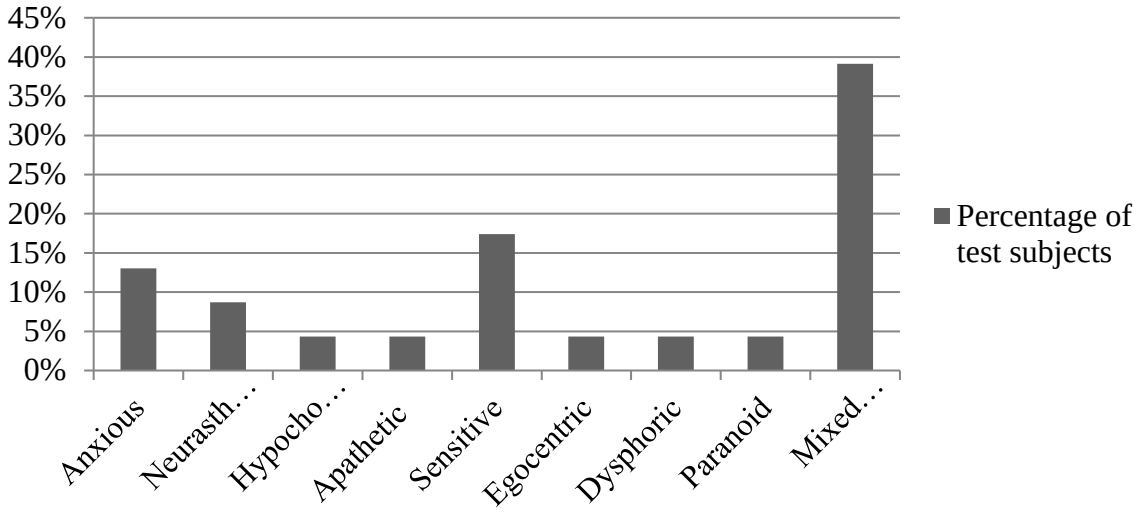
1. Disease experience less than 5 years (34,78%);

2. Disease experience more than 5 years (43,48%);

3. Disease experience more than 10 years (21,74%).

The research work consisted of several stages. The first step was to identify patients with hypochondria using the methodology *Clinical Questionnaire for the early detection of somatized mental disorders*. After analyzing the forms of the methodology, 23 people were identified with signs of hypochondria disorder, i.e. more than a half of the research participants (51,11%) turned out to be hypochondriacs. It was also found that most participants with signs of hypochondriasis have signs of asthenia (82,61%) and depression (60,87%), which were not found in subjects not suffering from this disorder. In the further research, only those subjects who showed signs of hypochondria were involved.

The next stage is the analysis and interpretation of data determining the types of attitudes towards the disease of research participants suffering from hypochondria. When processing the responses of the participants to the method *Type of attitude towards the disease (TATD)*, the following results were obtained, which are presented in picture 1:



Pic. 1. Graph of research results according to the TATD method

Based on the results of the above graph, it is clear that most of the participants have a mixed type of attitude towards the disease, and as a separate type the most represented one is sensitive. The following is an anxious type, further is neurotic and to a lesser degree hypochondriacal, apathetic, egocentric, dysphoric, and paranoid types are present. Also, in mixed types of attitude towards the disease, the sensitive type prevails.

In order to trace the dependence of the type of attitude to the disease on certain factors, a summary table was compiled (Table 1):

Table 1

Dependence of attitude towards the disease on certain factors

Age	Sex	Reason for seeking medical care	Type of attitude towards the disease	Disease experience
45 years	F	Bronchial asthma	Sensitive + Dysphoric	6 years
47 years	F	Postoperative rehabilitation	Egocentric	Less than a year
51 years	F	Gastritis of the stomach	Anxious	12 years
53 years	F	Congestive bilateral pneumonia	Neurasthenic	Less than a year
54 years	F	Cholecystitis	Sensitive	3 years
56 years	F	Bronchial asthma	Sensitive	7 years
57 years	M	High blood pressure	Hypochondriacal	20 years
57 years	M	Stroke rehabilitation	Sensitive	Less than a year
59 years	F	Bronchial asthma	Sensitive + Anxious	10 years

60 years	F	Bronchial asthma	Sensitive + Hypochondriacal + Egocentric	4 years
61 years	F	Acute pyelonephritis	Sensitive + Anxious	8 years
64 years	M	CHD	Sensitive + Hypochondriacal	23 years
65 years	M	High blood pressure	Paranoid	15 years
65 years	F	Bronchial asthma	Anxious	7 years
66 years	F	Cholecystitis	Anxious	6 years
67 years	M	High blood pressure	Sensitive + Egocentric	20 years
67 years	M	Congestive bilateral pneumonia	Harmonious + Ergopathic	Less than a year
67 years	F	CHD	Dysphoric	8 years
68 years	M	Stroke rehabilitation	Paranoid + Egocentric	Less than a year
68 years	F	Acute pyelonephritis	Neurasthenic	6 years
69 years	F	Gastritis of the stomach	Sensitive	3 years
70 years	F	Acute pyelonephritis	Apathetic + Dysphoric	9 years
70 years	F	Gastritis of the stomach	Apathetic	7 years

Analyzing the data obtained, we found that a harmonious type of attitude towards the disease was distinguished in only one research participant with congestive bilateral pneumonia, and, therefore, the psychological adaptation of the participant is not significantly impaired. But in this case, a harmonious type of response is not diagnosed, since the type of attitude of the subject is mixed with ergopathic. The ergopathic type is characterized by an over-responsible, sometimes obsessed, sthenic attitude to work, which in some cases is even stronger than before the illness. There is a selective attitude to medical examinations and treatment, which is primarily due to the desire, despite the severity of the disease, to continue to work. Also there is aspiration to maintain professional status and the possibility of continuing active work in the former quality by all means. A similar trend can be seen already during the analysis of the test form. However, this type of response to the disease may be associated with a minor severity and experience of the disease, i.e. the disease does not significantly affect the participant's life. Among other things, when analyzing the responses of the test method Clinical Questionnaire for the Early Detection of Somatized Mental Disorders, no signs of asthenia and depression were detected.

The second research participant with congestive bilateral pneumonia has a neurasthenic type of attitude towards the disease, unlike the previous patient with a quite

favorable attitude to the disease. Neurasthenic variant of the attitude towards the disease is observed with «irritable weakness» behavior. The patient is characterized by outbreaks of irritation, especially with pain and discomfort that he experiences due to his illness. Such patients are intolerant of pain and the expectation of relief. During a conversation with the participant, it was revealed that he did experience chest pain during severe coughing attacks. At the time of the examination, the patient was troubled by the disease for more than 3 months, which may cause the patient to be irritable and tired.

Based on the results of the summary table, it can be noted that CVD mainly affects men, while the number of patients with bronchial asthma and gastrointestinal diseases predominates among women.

It’s noticeable that women with bronchial asthma have a connection with the attitude to the disease, since 4 out of 5 showed a sensitive type. We can see excessive vulnerability, defenselessness, concern about possible adverse impressions that may produce information about the disease on others in this type of attitude towards the disease. There are also concerns that others will begin to show pity for the patient, consider him inferior, treat scornfully or with caution, spread gossip and unfavorable rumors about the cause and nature of the disease, and even avoid communicating with the patient. There is a fear of becoming a burden for loved ones due to illness and a malevolent attitude from their side in this regard. The sensitive type is characterized by mood swings, associated mainly with interpersonal contacts. It's known, that the main symptoms of bronchial asthma are coughing attacks, dyspnea, feeling of lack of air, i.e. functional disorders of breathing from the phenomena of bronchospasm [57]. Due to this, patients are forced to use inhalers, which can cause a feeling of awkwardness or embarrassment in patients, when used in public. According to the analysis of the TATD method response forms, patients with asthma had similar responses in certain blocks. For example, everybody answered that they were embarrassed by their illness, even in front of loved ones, in block VIII Attitude to family and friends. Also, two participants were diagnosed with an anxious type, which, in its turn, is characterized by continuous concern and suspiciousness regard-

ing the adverse course of the disease, possible complications, as well as inefficiency and even the danger of treatment. Patients with an anxious type of attitude toward the disease are constantly looking for new methods of treatment, additional information about the disease and treatment methods, are engaged in the search for certain «authorities», and often change their therapist. In contrast to the hypochondriacal type of attitude towards the disease, interest is more expressed in objective data (results of analyzes, conclusions of doctors) than in subjective sensations. Therefore, with this type, patients prefer to listen about the manifestations of the disease in others, rather than present their own endless complaints. The mood is mostly disturbing. Oppression of mood and mental activity appears as a result of anxiety. There is an alarming suspiciousness with the obsessive-phobic version of this type, which, first of all, concerns the fears of not real, but unlikely complications of the disease, treatment failures, as well as possible (but unreasonable) failures in life, work and relationships with loved ones due to the disease. Imaginary dangers disturb these patients more than real. Anxious attitude to the disease can be associated with the fear of suffocation, due to the lack of air experienced by patients with asthma. In addition to the pure types of attitude towards the disease, one of the research participants with bronchial asthma was diagnosed with a sensitive-anxious type of attitude towards the disease, which includes characteristics of both types. Also, in mixed types in addition to the sensitive type, one participant has a dysphoric type, and the other has an egocentric and hypochondriac type. All three types of attitude to the disease are similar in their focus on the attention of people around. For example, the hypochondriacal type of attitude toward the disease is characterized by an exaggeration of the actual symptoms and the constantly saying about them to people around, whether they are close people, doctors or medical staff. Patients with the egocentric type seek certain benefit in connection with the disease. Such patients also prefer to show off their symptoms so that people can sympathize with them and feel sorry for them.

Patients with a dysphoric (aggressive) type of attitude toward the disease require special attention in relation with the disease, since their mood is mostly embittered and angry. Therefore, participants with bronchial asthma are dominated by a sensitive

type of attitude towards the disease, presumably associated with the characteristics of the treatment and course of the disease itself, as well as similar reactions to the disease of people with a mixed type, aimed at attention from others. Attitude to the disease in patients with bronchial asthma is negative, with a disorder of social adaptation and elements of maladaptive behavior.

The only subject whose reason for seeking medical care is a leg injury has an egocentric type of attitude towards the disease. This research participant received a serious knee-joint injury and is undergoing rehabilitation for about six months. Considering the discovered type of attitude towards the disease, it can be assumed that the participant due to a considerable period of rehabilitation got used to sympathy and care from others, thereby he «accepted» the disease and some of the benefits that it could bring him. Also, when analyzing the test forms, interesting nuances were noticed, such as in the first block, where the patient indicated that his health depends on how others feel about him. Or the fact that, as he believes, relatives, close ones, as well as colleagues at work, do not understand the severity of his illness and are not serious about it. Also, the patient is afraid to be alone and lose support from people around.

Research participants suffering from gastrointestinal diseases have anxious, apathetic, and sensitive types of attitude toward the disease. These types have been described in relation to other diseases, but, nevertheless, the presence of a sensitive type of attitude towards the disease may be associated with the symptoms of gastrointestinal diseases. Gastritis of the stomach and cholecystitis have similar symptoms, for example, nausea, vomiting, abnormalities with bowel movements, pain, etc. Besides, patients with gastritis are observed with weight loss, which can also cause feeling of shame and awkwardness. The apathetic type of attitude towards the disease is included in the second block and is characterized by complete indifference to one's fate, the outcome of the disease, and treatment results. Such patients passively submit to procedures under persistent pressure from relatives or doctors. There is also a loss of interest in life and in everything that used to give pleasure. Lethargy and apathy are manifested in all areas of the patient's life. Our research revealed an apathetic type of

attitude toward the disease, as well as high apathy rates in the first method, in one participant with gastritis.

Patients with acute pyelonephritis were diagnosed with neurasthenic and mixed types of attitude to the disease: sensitive-anxious and apathetic-dysphoric. The manifestation of such features as lethargy and apathy in all spheres of life, as well as bitterness and aggressiveness in behavior, is possible in combination of the apathetic type with the dysphoric type. The participant is in his late adulthood, like a patient with gastritis of the stomach, who was also diagnosed with an apathetic type.

The following are patients with CVD. Patients with CHD, who have had a stroke and suffer from high blood pressure fall into this category. General trend of types of attitude towards the disease was also revealed in the group of CVD patients. Among the participants there are patients with sensitive, hypochondriacal, paranoid, egocentric and dysphoric types of attitude to the disease, some of which are presented in the form of mixed types. Previously, the paranoid type did not appear in patients, therefore, let’s consider its characteristics. Patients with a paranoid type of attitude toward the disease are extremely suspicious and wary of their disease. They also show a desire to attribute all sorts of complications or side effects of medication to negligence or to the evil intent of doctors and medical staff. Some personal data regarding their attitude towards the disease were obtained from the response forms of the TATD method for participants with this type of response. For example, in the block Appetite and attitude to food, the participants indicated that they stick to a diet that they developed themselves. Similar behavior is suitable for rigid hypochondria. Also in relation to treatment, the patients indicated that they have a apparent distrust of medical treatment methods, that many drugs, especially the innovative ones that they are prescribed, are dangerous and not needed at all. One of the subjects with CVD was diagnosed with a pure paranoid type of attitude towards the disease, the second patient as a component together with the egocentric type. An egocentric type was also detected in a subject with high blood pressure, but already in combination with a sensitive, which is a rather controversial combination. If with a sensitive type of response, the patient does not want to bring unnecessary inconvenience to others in

connection with his illness and to draw extra attention to himself, then the egocentric type suggests the exact opposite. Nevertheless, both types of attitude towards the disease are included in the third block, and are characterized by the interpsychic orientation of the personal response to the disease, which causes disorders of social adaptation of patients. There is also a hypochondriac type of attitude towards the disease among the patients with CVD. Such patients' desire to be treated is combined with disbelief in success and the constant demands of a thorough examination by reputable specialists and fear of harm and pain in the procedures. Based on this research, we can conclude that the type of attitude towards the disease in patients with hypochondria varies depending on the disease. Also, there were obtained data of patients with bronchial asthma about the predominance of a sensitive type of attitude towards the disease in connection with the features of the course of the disease. The sensitive type of attitude towards the disease in participants with gastrointestinal tract diseases can also be associated with the features of the course of the disease and the main symptoms. A certain tendency between the type of attitude towards the disease and the disease itself was revealed in patients suffering from gastrointestinal tract diseases too. Research participants with gastritis and cholecystitis have mainly anxious and sensitive types of attitude towards the disease. These patients may experience anxiety about these diseases due to their risk of transition to cancerous tumour.

It is also recommended that medical institution specialists find an individual approach to each patient, as the study showed that even if the same disease is present, the attitude to it can be completely different. Also pay more attention to the nature of complaints presented by patients, since they can depend not only on the somatic state of the patient, but also on the mental, as well as indicate the presence of hypochondria. This research may also be useful for psychologists, psychotherapists and psychiatrists involved in hypochondria.

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