

The Biopsychosocial Model and Emotions

Alexandra Lupu

Titu Maiorescu University, Bucharest, Romania

Abstract

From the perspective of the biopsychosocial approach, mental and somatic disorders result from the progressive failure to maintain one's balance, a homeostasis of the subject with the environment (Crăciun, 2017). Adaptation is always contextual, depending on the characteristics of the system and the environment in a particular temporal one.

The psychosomatic followers raised the question of how to translate a psychiatric disorder into a somatic one, functional or organic symptom, trying to establish the relationship between the type of psychological trauma, conflict, personality and the affected organ. Therefore one of the hypotheses that underpinned empirical studies was that stressful emotional factors can lead, through a series of neurovegetative mechanisms, to the occurrence of somatic disorders.

Theoretical and empirical research has attempted to demonstrate that the absence of emotional expression or inappropriate emotional expression is in a correlation or causal relationship with cardiovascular, psychosomatic, and infectious diseases (Consedine, & Moskowitz, 2007). The negative potential of the absence or inappropriate expression of emotion is updated under stress conditions, the quality of emotional expression being a moderating variable between stress and disease.

Keywords: *the biopsychosocial model, somatic disorders, emotional expression, functional models*

Corresponding author: Alexandra Lupu

Phone number: -

E-mail address: lupu.alex@gmail.com

I. INTRODUCTION

The biopsychosocial model represents a philosophy of clinical care, but also a practical clinical guise (Borrell-Carrió, Suchman, & Epstein, 2004). Within this model, the human being is considered to be a bio-psycho-somatic-social entity that experiences a complex and subjective experience when in a patient's position. Thus clarifying the relationship between mental and physical aspects of an individual's health is in this context an experience that depends on it, although it cannot be reduced to the laws of physiology (Taylor, & Sirois, 1995). It is George Engel (1980) who formulated the biopsychosocial model as a dynamic, interactive but dualistic vision of human experience, in which there is mutual influence of mind and body.

From the perspective of the biopsychosocial approach, mental and somatic disorders result from the progressive failure to maintain one's balance, a homeostasis of the subject with the environment (Crăciun, 2017). Adaptation is always contextual, depending on the characteristics of the system and the environment in a particular temporal one.

The psychosomatic followers raised the question of how to translate a psychiatric disorder into a somatic one, functional or organic symptom, trying to establish the relationship between the type of psychological trauma, conflict, personality and the affected organ. Therefore one of the hypotheses that underpinned empirical studies was that stressful emotional factors can lead, through a series of neurovegetative mechanisms, to the occurrence of somatic disorders.

II. THE PSYCHOSOMATIC FORMULA

Manifestations of psychosomatic levels are thus found in generalized diseases and clinical anatomy changes, in terms of the functional registry and when it comes to somatic consequences. Some authors state that there are six fundamental rules that confirm the psychosomatic etiology in a given condition, rules that form what is called the psychosomatic formula (Sharpe, & Carson, 2001):

- emotion as a precipitating factor – somatic manifestation occurs after an affective trauma or it returns when it is repeated;
- type of personality – it seems that for each type of personality there is a certain type of psychosomatic disorders;
- proportion of gender distribution – there is a clear gender disproportion in psychosomatic conditions;
- association with other psychosomatic disorders – the most common phenomenon is the alternation between different psychosomatic syndromes;
- family history – in many cases, similar conditions are found in relatives and parents;

- phasic manifestations – disease progression tends to be phasic.

Emotional expression and its absence is a subject studied in the psychosomatic domain (Sifneos, 1973; McDonald, & Prkachin, 1990).

Alexithymia, inhibitory processes, repression and denial mechanisms, type A behavior, type C personality are some of the concepts used to detail the relationship of emotional expression with health and illness (Denollet, 1997; Gross, 1989; Gross, & Muñoz, 1995; Sanderman, & Ranchor, 1997). Theoretical and empirical research has attempted to demonstrate that the absence of emotional expression or inappropriate emotional expression is in a correlation or causal relationship with cardiovascular, psychosomatic, and infectious diseases (Consedine, & Moskowitz, 2007). The negative potential of the absence or inappropriate expression of emotion is updated under stress conditions, the quality of emotional expression being a moderating variable between stress and disease. It is not a necessary or sufficient cause for the development of a psychiatric or somatic disorder, and until now research has not conclusively concluded its causal role (Temoshok, 1997). Emphasizing the negative potential of emotional expression inappropriate for health is a valid argument for introducing work with emotion into the therapy of these diseases. The effectiveness of such programs has not yet been fully demonstrated, but there is enough research to assess the value of these programs and to assert the likely efficacy of this type of intervention (Sarafino, 1990).

III. THE PSYCHOSOMATIC FIELD AND EMOTIONS

One of the most important components of emotion is the tendency towards action, conceptualized as a state of activation of a set of behaviors designed to modify or maintain the relationship between subject and the environment. Emotions arise from certain interpretations of certain events, whose impact on the subject leads him to change his relationship with them (Beck, 1979). For example, fear involves a tendency to avoid or confront the danger, sadness tends to accept a loss situation, or anger tends to stabilize a power relationship. Alongside the triggering event, its assessment and interpretation, the physiological, cognitive and behavioral changes that occur are designed to control the subject's current behavior and environmental relationships. These tendencies to action can be blocked so that they do not appear at the macroscopic level of behavior, but their inhibition is a secondary phenomenon, resulted from the processes outside the emotion itself.

Any emotion involves some expressive behaviors: nonverbal products - facial expressions, gestures, physiological changes and verbal products (Gratch, & Marsella, 2004). The function of these behaviors is not so much to express a subjective state, but to help the subject deal with the triggering event of emotion (Frijda, 1988). Although most often the

function of communication or expression is considered the original function of emotion, functional analysis starts not from the considerations of the social environment, but from the primary functions that a certain structure fulfillment in the dynamics of the subject's relation to the environment (Nesse, 1990). Communication with oneself and others, that emotion provokes, is in fact only a means to change or preserve certain relationships of the subject with the environment. For example, crying has the primary function of provoking a gesture of help from others. Research on pragmatic linguistics proves that verbal expressions ("I'm sad," "I'm afraid") have first and foremost a pragmatic function and not a descriptive statement (Wodak, 2007; Saville-Troike, 2008). "I am sad" is not primarily an attempt to describe and communicate a state as the subsidiary message is like, "you should do something about my condition." Marital research illustrates, for example, the strategic role that episodes of crying have in pointing a position and influencing the relationship (Gottman, 2014). For emotional events that most often occur in social contexts, the consequences of emotional expression on social interaction (provoking an intervention, obtaining emotional support, changing the perspective of another person) have often emerged as primary functions of emotional expression. The new functional models, research in animal psychology and discourse analysis support the primacy of the pragmatic function over the descriptive one (Wood, & Kroger, 2000).

This subordination of the descriptive function to the pragmatic function is not only achieved in the context of social interaction. Expression of current emotions increases the awareness of the subject's own emotional experience. Being aware of the expressions of emotion facilitates the identification and definition of the emotional experience; it helps the subject to reflect on the nature and cause of the emotion, creating a wider range of possible actions to solve the current problem (Greenberg, 2004). Expression of emotion often results in the ignorance or denial of the triggering event, and reduces the likelihood of actions that would eliminate or preserve the initial event. The absence of emotional expression affects not only the ability of the subject to solve a problem, but also the ability of the social environment to help.

Finally, there are certain limits to the functionality of emotional expression (Ekman, 2004). Only under certain conditions: situations that can be changed, the affective and cognitive availability of those who support social support and the ability of the subject to integrate contradictory information, emotional expression may be adaptive. The positive potential of emotional expression is not independent of the context, costs and benefits involved. Thus in some situations, low expressive behavior can have a major adaptive value, representing the best means of adapting or solving a situation. Criteria that determine what is the best way to deal with a situation are related to the nature and characteristics of the social environment, the ability of the subject to cope with strong emotions, the nature and controllability of the trigger event, the

availability and accessibility of environmental compensatory resources (Williams, Klamen, & McGaghie, 2003).

Learning appropriate ways of emotional expression and discriminating situations where negative emotional expression is adaptive is one of the therapeutic objectives specific to cognitive-behavioral therapy (Hanson, & Poston, 2011).

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