

## CONFLICTS – A KEY TRIGGER FOR THE EMERGENCE OF PSYCHOSOMATIC DISORDERS

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**Abstract:** Today's situation in the various areas of psychotherapy requires the development of effective methods of intervention. The goal of modern psychosomatic therapy is far from focusing on the existing disorder, but on the initial resource to deal with it. If the development of this resource, expressed inabilities that are suppressed, neglected (hidden or overt), or unilaterally manifested, it leads to conflict potential. In a pandemic, the feedback from colleagues around the world, including mine, to them that partnerships within a marriage or cohabitation have sharpened along the courtesy-honesty axis. Treating partnership as "politeness" evoked the ability to allow for a sense of commitment. The existence of a global crisis related to one of the key stressors - human health, has created a culturally dependent relativism in the perception and understanding of psychosocial norms, symptoms, and disease patterns of pre-existing psychosomatic conditions. The micro-and macro-traumatic events, accumulated in the archive of personality concepts, marked an increase in the manifestation of their intensity, as a result of high levels of situational anxiety. Within the framework of psychotherapeutic sessions conducted online in the conditions of a pandemic, only one partial regression could be worked to save the need for restructuring of the personality. The exacerbation of the key dichotomy of "courtesy-honesty" affects functional disorders to occur on an organic and mental syndrome postulated as "Locus minoris residential", causing the secondary psychological benefit of the disease with subsequent entry into the vicious circle of its recurrence. -analytical inventory (DAI) is handled by the psychotherapist. Based on this toolkit, three types of reactions in the conditions of crisis and deteriorating family relations were distinguished: 1. The polite type of reaction: Considering others, one cannot express one's opinion. On the other hand, he hopes that others will have to interact with him on their own, knowing his needs. Frustration is the work of a failed consensus, and the accumulation of expectations under the guise of politeness materializes in a defense mechanism and/or psychosomatic symptoms. 2. The honest type of reaction: It is related to the expression of opinion and statement of needs and desires directly, without detours, regardless of whether he inflicts emotional violence on his partner with his verbalization. The consequences of this type of reaction are guilt. 3. The indecisive type of reaction: It is characterized by a fluctuation between politeness, honesty, and guilt. Communication opportunities need to be developed, which is associated with the courage to express needs. Also, the metacommunicative abilities are engaged, through which a person can detect communication disorders, to study the conditions and causes, to identify misunderstandings, concepts, and to eliminate possible disturbances promptly. The main postulate of the work is getting help for self-help. In this line of thought, the client in many cases verbalizes his conflict and seeks with the help of the therapist a resource to deal with the created conflict on the axis between politeness and honesty.

**Keywords:** psychotherapy, psychosomatic disorders, conflicts, key conflict, actual conflict

### 1. PURPOSE

The importance of physical factors, just like the importance of the environment, is widely recognized in all areas of psychotherapy, albeit to varying degrees. A systematic approach to the field of behavioral manifestation of the relationship between conflicts and symptoms can find new and effective methods of psychotherapy and psychohygiene. Paying bills, fears, depression, aggression, and psychosomatic disorders, there are always motives that can be associated with social norms. Headache, sleep disturbance, tension, or aggression after a conflict can occur as a result of current problems with children or in connection with social conflicts.

The problems of raising children, especially in times of crisis, are specifically divided into a separate group of problems in the partnership. The "child-parent" relationship is affected. The focus is on the confrontation of children with their parents, not on their consideration as an object of education. Parental problems and marital conflicts, similar to the parent-child relationship, also belong to the group of educational conflicts, which can be largely found in differences in attitudes towards social norms of behavior.

### 2. METHODOLOGY

Differential-analytical theory (SAI) allows the psychotherapist to trace the key conflict, respectively the current one with which the client comes to psychotherapy. When a person is born, it is an unread page, if we can keep this metaphor for "tabula rasa". Abilities are the basis for personality development and require their "maturation". The

conditions of crisis affect the manifestation of the current abilities of the individual, including primary and secondary.

Current abilities based on their content are divided into primary and secondary. Secondary ones play an important role in everyday descriptions and assessments, as well as in the way partners judge each other. The effect that the corresponding experiences have on the mood and the physical condition is approximately similar. Reactions such as anxiety, aggression, imitation, etc., can be manifested in the personality psyche, in breathing, in the cardiovascular system, in the gastrointestinal tract, in the human musculoskeletal system, in the nervous system, in the urogenital area. and in the skin.

Only based on emotional relationships can one understand the enormous affective resonance that manifests itself with disorders of secondary abilities. Primary abilities are only their means of expression and generally deal with the ability to express the emotional world.

The unity of primary and secondary abilities guarantees the mental and physical health of the individual, especially in crises. The factors of the body and the environment play a key role in building a close relationship with the balance between the two types of actual abilities up to the moment of their integrity. The conditions of a crisis are an extremely "appropriate" environment for the development of fixations and conflict potentials. Actual abilities cannot be considered as abstractions, they are related to the behavioral manifestation at a certain time and in a certain place in the body, marked by somatic damage.

Disorders that are triggered in a crisis are most often based on the clash between two main abilities, namely courtesy in the field of primary abilities and honesty in the field of secondary abilities. In this way, the lack of differentiation is distinguished and behavioral disorders spill over into different aspects of the person's daily life. In addition to being descriptive categories, current abilities are also factors of interpersonal development, psychodynamic, and social interactions. By the nature of the manifestation of the respective conflict, the psychotherapist understands the mental and psychosomatic problems as a result of lack of differentiation of the current abilities, which the client does not realize that he possesses, and only at the stage of verbalization can name and make sense of them.

The current and the main conflict are related to the micro-and macro-traumatic events in the life path of each individual. The specific interaction of the current and the main conflict should check the readiness for conflict, ie the so-called "Conflict potential" manifested in the deep basis of ontogenetic development.

In all cultures, the actual abilities began to be updated during pregnancy. They are relevant to all life periods and stages of development. They are also projected in the reactions to the events of the last five years as concepts acquired in the overall development. Thus, within the therapy, it is possible to work with only one partial regression. Often this content flow saves the restructuring of the personality (Freud, 1956).

A prerequisite for the key conflict is the opportunities for the development of the basic needs in their formation. As a result, behavioral readiness and patterns emerge with their affective and emotional components, which flow into the dichotomy of "courtesy-honesty" identified as a key conflict.

Politeness includes the ability to adapt, engage, and say yes, and the price is instinctive withdrawal and emotional response to fear.

Honesty is the ability to openly impose your needs, to stand up for yourself, and to assert yourself. It contains the accompanying element of aggressive behavior.

We see this key conflict as a central trigger mechanism that addresses the further direction of conflict resolution. In endocrine and neurotransmitter processing in the CNS, the "courtesy" response type corresponds to the "fear" response, and the "honesty" response type as the CNS response corresponds to the "aggression" response (Alexander, 1971).

The exacerbation of the key dichotomy of "courtesy-honesty" affects functional disorders to occur on an organic and mental syndrome postulated as "Locus minoris resistentiae", causing the secondary psychological benefit of the disease with subsequent entry into the vicious circle of its recurrence. -analytical inventory (DAI) is handled by the psychotherapist.

Based on this toolkit, three types of reactions are distinguished in the conditions of crisis and deteriorating family relations:

1. The polite type of reaction: Considering others, one cannot express one's opinion. On the other hand, he hopes that others will have to interact with him on their own, knowing his needs. Frustration is the work of a failed consensus, and the accumulation of expectations under the guise of politeness materializes in a defense mechanism and/or psychosomatic symptoms.
2. The honest type of reaction: It is related to the expression of opinion and statement of needs and desires directly, without detours, regardless of whether he inflicts emotional violence on his partner with his verbalization. The consequences of this type of reaction are guilt.

3. The indecisive type of reaction: It is characterized by a fluctuation between politeness, honesty, and guilt. Communication opportunities need to be developed, which is associated with the courage to express needs. Besides, the metacommunicative abilities are engaged, through which a person can detect communication disorders, to study the conditions and causes, to identify misunderstandings, concepts, and to eliminate possible disturbances promptly.

The whole organism takes part in these events, especially the hormonal and nervous systems. The emotional processes include both the central ones - thalamus, limbic nervous system, reticular formation, and the peripheral structures - catecholamine, adrenal hormones, autonomic nervous system. Neuropeptides, such as pituitary hormones and hypothalamic peptides, hormones produced by the endocrine glands in a narrower sense, as well as substances produced by central and peripheral neurons that transmit substances, are used as signaling substances. Thus, functional disturbances are related to the exchange processes between the different stages, but the continuous feedback in the process of functioning is a fact. Disrupted regulatory chains can potentiate the impact of microtrauma beyond the subjective limits of stress - this is a neurotic repetitive obsession. On the other hand, the system of continuous connections also contains the possibility of therapeutic intervention.

The core of this psychotherapeutic intervention is the strategy of starting from the available abilities, the transition to the conflict, and its resolution. Disorders can be caused not only by microtraumas but by daily micro traumatic events. The goal is not to explain the initial stage of conflict preparedness, but to focus on the resource for coping and balance, despite the crisis conditions in which the therapeutic process takes place. The "signal action" and the resulting changes engage the therapist in changing the resolution of the abilities that have caused the conflict potential to express themselves.

Three points are particularly important in therapy, especially in times of crisis:

- Prevention; • Real therapy; • Supporting therapy.

At the heart of all three is the transcultural model, which connects in an identical way the individual, family, and cultural forms of the phenomenon and requires unity in diversity.

The applicability of the above three elements is valid for both inpatient and outpatient use. Gradually move to the "self-help" needed for the post-hospital period. The conflict-centered approach favors the process of faster recovery from mental, respectively somatic trauma.

The process of treatment in my psychotherapeutic practice shows that in a relatively short time - within 15 sessions, an improvement in the client's condition is achieved. Partnership conflicts, depression, phobias, sexual disorders, psychosomatic complaints, rheumatic pain, asthma, diabetes, psychopathy, and schizophrenia are affected by going through the verbalization of the problem in the three stages of interaction:

1. Stage of connection; 2. Stage of differentiation; 3. Separation stage.

The therapeutic function of the primary interview is in the scope of two of the stages of interaction: observation and subsequent distancing, as well as inventory, in which the therapist gathers all his available arsenal of intervention methods.

The change in the direction of psychoprophylactic thinking is the merit not only of medicine and psychology but also of the institutions that must "manage" diseases and their consequences - hospitals, social security, political and religious institutions. This shows that the disease is not only the work of the individual, that dealing with it is not only the work of highly qualified scientists or people responsible for health care. Every person is affected, directly or indirectly. In all cases, we can detect mental or psychosomatic features in these relationships when we look at more than one line of disease development in the bearer of the symptom. The question arises: Who is ill and who is subject to therapy: The person who appears to us as a patient, his family, his partner, his colleagues or bosses, society and his organizations, the politicians who represent him in his public functions, or those that his therapists offer him? This raises questions about the usual approach to the psyche. The directions in the mental service are also questioned. It is not a question of how a mental or psychosomatic illness will be treated. First of all, the emphasis is on the question of what significance a given therapeutic approach has for the patient and his family and how it affects the course of the disease.

The base of each set is the available internal resource to deal with.

Disease pictures due to psychosomatics are listed below:

- Obesity; • Fear and depression; • Bronchial asthma; • Disc herniation; • Headache and migraine; • Diabetes; • Sleep disorders; • Sexual disorders; • Hypertension; • Hypotension; • Hair loss; • Skin diseases and allergies; • Heart attack; • Drug addiction, etc.

This list lists the most common cases in my practice and can certainly be extended, as behind almost every disease there is a mental cause for its occurrence.

### 3. RESULTS

In the process of psychotherapeutic intervention, the disturbed balance on the axis "love - contact - sexuality" turns out to be a key triad in the treatment of psychosomatic disorders. "Love carries the soul as the feet carry the body" (Catherine of Sienna), and the feeling of security is the most stable basis for the phenomenon called love. Love is an emotional connection that can be directed at several objects of varying strength. Thus love becomes a multifaceted ability involving several different aspects. Parents are often surprised that their child has a psychosomatic disorder even though they have given him so much love. But a closer look shows that their love was not sufficiently differentiated. Fundamental trust develops based on the love between mother and child. When it comes to psychotherapy of psychosomatics in children, we work on this aspect. When working with adults, the therapist's idea is through retrospective analysis to return to similar situations from childhood to the relationship of love between mother and child.

In the absence of harmony in the relationship, the child develops a feeling of distrust and the adult exposes everything and everyone to doubt.

Emotional attention is synonymous with love and it does not exist in isolation in a vacuum. It is always associated with different areas of behavior and several qualities that are revealed in the foreground in the process of therapy - usually after 5-8 meetings of therapist and client, when there is already a trusting relationship between them. It is important to clarify that the ability to love is not identical and equivalent to the ability to allow yourself to be loved. In parallel, in the process of psychotherapy of psychosomatic disorders, the applications of love and hate in the life of the sick person are studied:

1. Love as a "hot weapon" - is realized through words, gestures, facial expressions, and usually a person praises or shows gratitude at every opportunity or performs every task set by the other. Thus, the person develops a complex of gratitude, difficulty to break away, too strong identification, problems with the new environment.
2. Love as a "cold weapon" - it works by withdrawing love, threats, warnings, punishments. People treated in this way appear to be well-mannered, restrained in aggressive behavior, or excessively oriented towards achievement and success. Emotional spheres are not sufficiently developed.

Anxiety, insecurity, exaggerated expectations, scarce feelings are just a small part of the disorders that go hand in hand with the manifestation of the psychosomatics listed above, which increases in intensity in a crisis. Escape from the disease is a key form of "self-healing" in psychosomatic cases. For example, a child who needs attention and care often reports abdominal pain. The learned behavior of receiving the attention of his parents when he is ill causes the child to "get sick" and use the disease to get the original thing he needs - attention and love. Another key point in the psychotherapy of psychosomatic disorders is the ability to deal with aggressive and anxious manifestations, rather than completely depriving them of a person's behavioral repertoire. Perception of one's own body refers to a person's identity, and research shows that body symmetry is one of the strongest prognostic factors for an individual's health. Self-assessment of emotional expressiveness about the perception of one's own body could make a person ill or heal. In the process of psychotherapy, the psychosomatic patient himself assesses his abilities through various self-assessment scales (Dunbar, 1936).

Regardless of the psychosomatic disorder in question, what they all have in common is the suppressed internally unsatisfied mental desire, which gives expression in the physical world. The therapist's job is to eliminate the cause, not just the symptom. Only in this sequence of work will the recurrence of the symptom be prevented. Otherwise, it will manifest itself in a situation similar to the situation that caused the disease.

### 4. CONCLUSIONS

The conclusions from my psychotherapeutic practice show that the current ability "politeness" is the ability to build interpersonal relationships in the most general terms. Their manifestations are behavioral forms that recognize social rules of behavior, attention, self-esteem, and respect for the partner. Politeness as putting one's interests and needs in the background is a socially conditioned suppression of the aggressive impulse.

### 5. RECOMMENDATIONS

Training through model - most often parental - and training accompanied by success based on personal life experience play a role in the acquisition of politeness. Parental reactions to children's seemingly rude behavior create high levels of emotional deprivation. The peculiarities of the acquired politeness become an important component of the culture and respectively of the norms of the social stratum. The consideration of violations and conflicts that arise under the "courtesy - honesty" axis itself reach in terms of courtesy to:

• Extreme courtesy, • Flattery, • Unrealistic expectations, • Ritualized courtesy, • Inability to refuse, • Anxiety and insecurity in social situations, • Guilt, • Psychosomatic symptoms: headache, cardiovascular problems, gastrointestinal problems, the tendency to addiction.

In turn, violations and conflicts regarding honesty lead to:

• Meticulous attachment to justice, • Hypersensitivity, • Feeling weak, • Hypersensitive or collective guilt, • Injustice, • Disloyalty, • Complacency.

## 6. ADDITIONAL DATA

Illustration with a concrete example from my practice based on a case study of the above facts: Headache and migraine attacks: By definition, Pschyrembel (1989) distinguishes: 1. Headache in itself (migraine, vasomotor headache, or one that causes the sensation of pulsation, tightening of the knot); 2. Headache that accompanies another organ disease; 3. Headache in common diseases (infections, poisonings, etc.); 4. Psychogenic headache.

As shown by the classic works of Wolff (1948), the typical headache patient is a sense of duty, conscious, loving order, actively striving for achievement and success, a man who still collapses on top of the demands he set himself. The intellectual nature of the headache patient is emphasized by almost all authors. They talk about self-confident intellectual or delayed emotional development. Loch (1965) mentions a "devitalized intellectual type"; Luban-Plozza u. Poldinger (1977) found that "obviously one must not be able to think at a relatively higher level" to be "suffering from a headache."

According to Diener (1989), the observer is presented today with a mosaic whose structural elements, such as changes in cerebral circulation (Lauritzen u. Olesen, 1984), changes in neurotransmitters and receptor sensitivity, fluctuations in the activity of central structures such as the hypothalamus and ceruleus locus, changes in platelets do not yet give a complete picture (Lance, 1975; Moskowitz, 1984; Pierce, 1984). This explains why there is no ideal migraine therapy.

The speech pictures and folk wisdom that were included in the process of the psychotherapeutic intervention of the 30-year-old M.K. were: "I'm shaking my head", "I'm breaking my head", "I'm thinking in vain", "My head will burst", verbalized by herself, even before the verbalization stage occurs.

Tension headaches should be primarily caused by somatic causes; from the presence of excessive muscle tension in the shoulders, neck, and head. In the process of therapy, it was found that my client is no exception to the mass model of people with pronounced psychosomatics through migraine attacks. As a child, she did not receive enough warmth from her extremely achievement-oriented parents. Over the years, M.K. identifies with the concept of achievement and internalizes a high level of external pressure that triggers the headache.

The inability to relax and enjoy life makes her raise the bar of her abilities higher and higher, which often exceeds their strength. In the process of therapy, we further developed abilities such as honesty, openness, contact, patience, time, faith, hope, love - ie. we worked mainly on the underdeveloped primary sector (Bleuer, 1954).

We achieved the expansion of the goals at the 15th meeting, and the focus was on developing the ability to rest and rethink priorities. The received self-help help is successfully integrated into the current life of M.K. in words from her recent feedback.

Self-help as a guiding principle in therapy requires a look at both the family problems between its various members and the behavioral manifestations of the individual outside the social group of the family (Battegay, 1981).

The conditions of the crisis reinforce the existing problems, but also provide the opportunity for reflexivity and adaptation of certain behavioral patterns. The main postulate of the work is getting help for self-help. In this line of thinking, the client in many cases verbalizes his conflict and seeks with the help of the therapist a resource to deal with the created conflict on the axis between politeness and honesty and realizes that the stage of Separation is not equivalent to separation from the therapist. is an opportunity to expand goals and life planning after overcoming the extreme conditions of the crisis.

## REFERENCES

- Alexander, F. (1971). Psychosomatische Medizin. De Gruyter, Berlin  
Battegay, R. (1981). Grenzsituationen. Huber, Bern Stuttgart Wien  
Bleuer, M. (1954). Endokrinologische Psychiatrie. Thieme, Stuttgart  
Diener, H. (1989). Migranetherapie. Neurologie, Psychiatrie 3:335-348  
Dunbar, F., Wolfe, T., Rioch, J. (1936). Psychiatric aspects of medical problems: The psychic component of the disease process (incl. Convalescence) in Cardiac, Diabetic, and Fracture Patients. Am J Psychiatry 93: 649-679  
Freud, S. (1956). Abriß der Psychoanalyse. S.Fischer, Frankfurt am Main  
Lance, J.(1985). The pathophysiology of migraine. Ann Acad Med 14: 4-11

- Lauritzen, M; Olesen, J. (1984). Regional cerebral blood flow during migraine attacks by Xenon – 133 inhalation and emission tomography. *Brain* 107: 447-461
- Loch, W. (1965). Voraussetzungen, Mechanismen und Grenzen des psychoanalytischen Prozesses. Huber, Stuttgart
- Luban-Plozza & Poldinger. (1977). *Der psychosomatisch Kranke in der Praxis*. Springer, Berlin Heidelberg, New York
- Moskowitz, M. (1984). The neurobiology of vascular head pain. *Ann Neurol* 6: 157-168
- Pierce, J. (1984). Migraine: a cerebral disorder. *Lancet* ii: 86-89
- Wolff, H. (1948). *Headache and other head pain*. Oxford Univ Press, New York to London