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**PSYCHOSOCIAL
NURSING**
FOR GENERAL PATIENT CARE

3rd EDITION

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**Psychosocial
Response to
Illness**



Learning Objectives

After the classroom discussion, the students will be able to:

- 1. Describe the role of self-esteem, body image, powerlessness, and guilt in the patient's emotional response to illness.**
- 2. Describe the role of Maslow's Hierarchy of Needs in explaining a patient's response to illness.**
- 3. Define defense mechanisms and give examples of each.**
- 4. Describe commonly used coping mechanisms.**



Introduction

- Psychological impact is present in any illness.
- Illness threatens the individual and evokes a wide array of emotions, such as fear, sadness, anger, depression, despair, and loss of control.
- Each individual who faces an illness responds differently according to personality, previous life experiences, and coping style.
- Extreme denial, noncompliance, aggression, and threats of suicide are some of the more maladaptive responses that the nurse may face in caring for ill individuals.
- Most often these responses are temporary and subside with time.



Characteristics of Psychosocially Healthy and Unhealthy People

Psychosocially unhealthy

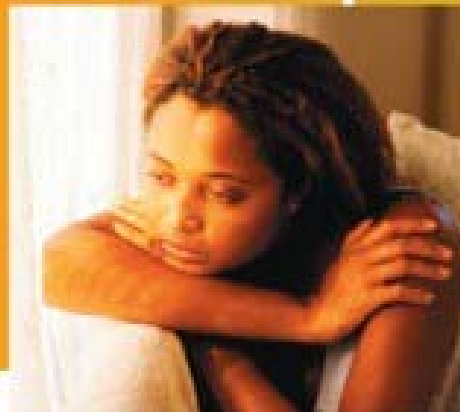
No zest for life; pessimistic/cynical most of the time; spiritually down

Laughs, but usually at others, has little fun

Has serious bouts of depression, "down" and tired much of time; has suicidal thoughts

A "challenge" to be around, socially isolated

Experiences many illnesses, headaches, aches/pains, gets colds/infections easily



Shows poorer coping than most, often overwhelmed by circumstances

Has regular relationship problems, finds that others often disappoint

Tends to be cynical/critical of others; tends to have negative/critical friends

Lacks focus much of the time, hard to keep intellectual acuity sharp

Quick to anger, sense of humor and fun evident less often

Psychosocially healthy

Works to improve in all areas, recognizes strengths and weaknesses

Healthy relationships with family and friends, capable of giving and receiving love and affection

Has strong social support, may need to work on improving social skills but usually no major problems

Has occasional emotional "dips" but overall good mental/emotional adaptors

Possesses zest for life; spiritually healthy and intellectually thriving

High energy, resilient, enjoys challenges, focused

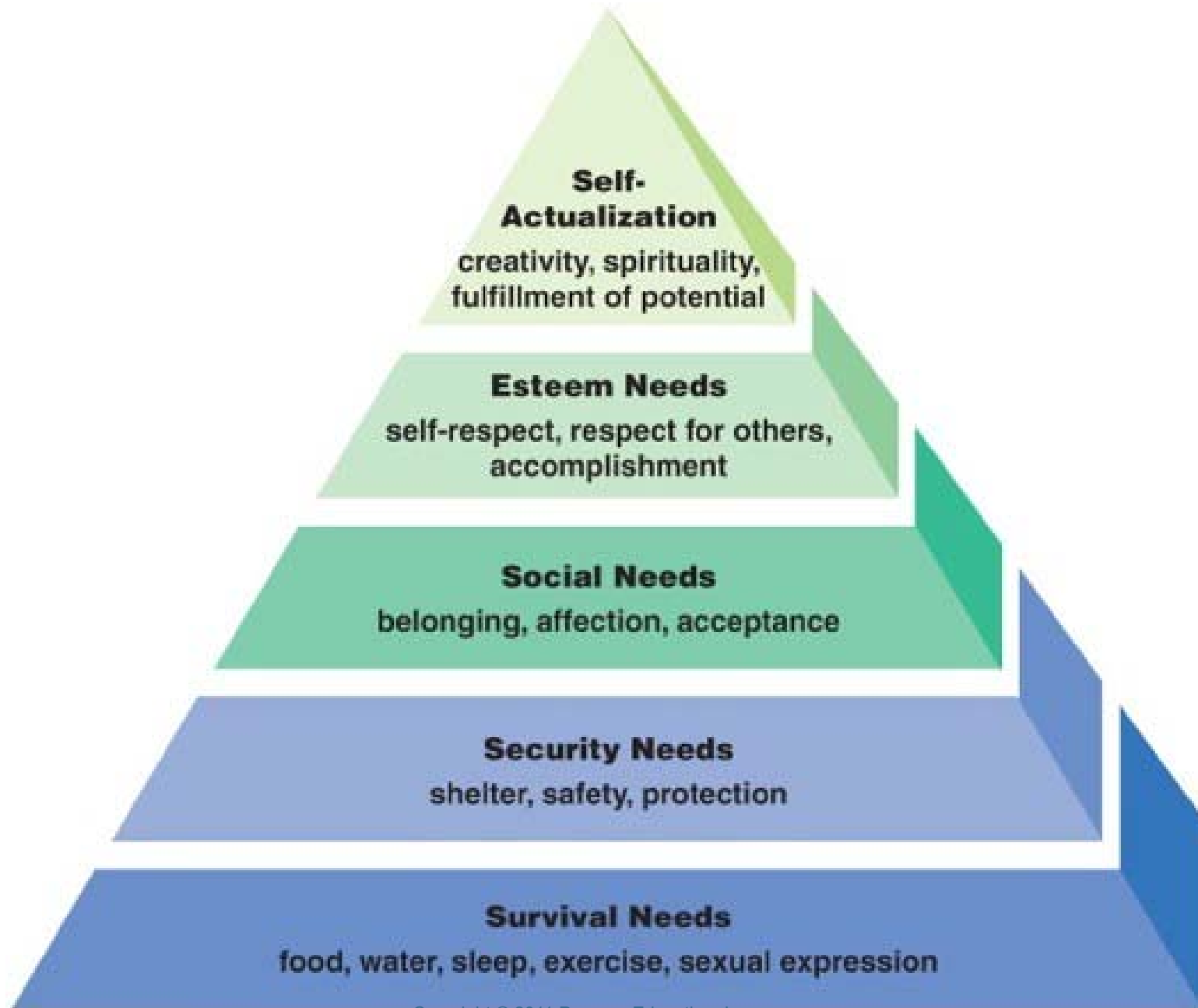
Realistic sense of self and others, sound coping skills, open minded

Adapts to change easily, sensitive to others and environment

Has strong social support and healthy relationships with family and friends



Maslow's Hierarchy of needs



Key Issues in Response to Illness

1. Altered Self-Esteem

Self-esteem is the individual's personal judgment of his or her own worth. The roots of self-esteem are in early parental and social relationships as well as in the person's perception of goal attainment and his or her own ideal. Maslow places self-esteem at a very high level, indicating that this need can be accomplished only when the more basic needs are fulfilled.



Key Issues in Response to Illness

2. Altered Body Image

Body image is the mental picture a person has of his or her own body. It significantly influences the way a person thinks and feels about his or her body as a whole, about its functions, and about the internal and external sensations associated with it. It also includes perceptions of the way others see the person's body and is central to self-concept and self-esteem. Often a person's belief about his or her body mirrors self-concept.



Key Issues in Response to Illness

3. Powerlessness

Powerlessness is a perceived lack of personal control over certain events and over one's self. Individuals need to maintain a sense of power and control over their destiny and environment. Loss of this sense of control can negatively affect an individual's view of his or her effectiveness. Illness consistently forces the individual to face his or her powerlessness over a situation.



Key Issues in Response to Illness

4. Loss

Actual or potential loss is any situation in which something a person values is rendered or threatened to be rendered inaccessible. Loss occurs throughout life as we experience changes in relationships, inability to reach an expected goal, and disappointment in others. Any time we have an emotional investment in someone or something, we are vulnerable to losing it. This includes loss of a body part or body function.



Key Issues in Response to Illness

5. Hopelessness

Hope is fundamental to life. No matter how bad the situation may be, the ability to hope for improvement will help an individual get through it. Hopelessness is the sustained subjective state in which an individual sees no alternatives or personal choices available to solve problems or to achieve desired goals. Lack of hope can develop from an overwhelming loss of control and is related to a sense of despair, helplessness, apathy, and depression.



Key Issues in Response to Illness

6. Guilt

Guilt is self-blame and regret for some real or perceived action. It is a painful emotion that can negatively influence feelings, behaviors, and relationships with others. Conflicts within relationships can occur when an individual feels guilty about resentment that his or her needs are not being met.



Key Issues in Response to Illness

7. Anxiety

Anxiety is a universal, primitive, unpleasant feeling of tension and apprehension. It may be an early warning signal of possible danger. Anxiety is an important motivator of behavior that makes people act or change to reduce the uncomfortable feelings of tension. Low to moderate levels of anxiety can enhance learning and action. More severe anxiety may be reduced by using defense or coping mechanisms as the unconscious self tries to protect us from this discomfort.



Defense Mechanisms

- Defense mechanisms protect the individual from threats, feelings of inadequacy, and unacceptable feelings or thoughts. They are unconscious mental processes used to reduce anxiety and conflict by modifying, distorting, and rejecting reality
- An individual's repertoire of defense mechanisms is learned through childhood experiences. Each time a defense mechanism reduces uncomfortable anxiety feelings, it provides positive reinforcement.



Coping Mechanisms

- Coping mechanisms are usually conscious methods that the individual uses to overcome a problem or stressor.
- They are learned adaptive or maladaptive responses to anxiety based on problem-solving, and they may lead to changed behavior.
- They involve higher levels of emotional and ego development than defense mechanisms.
- However, overuse of coping mechanisms such as overeating or smoking can create problems.



Common Defense Mechanisms

Defense Mechanism	Definition	Example
Denial	Attempt to remove an experience or a feeling from consciousness	After a diagnosis of terminal condition, the patient does not exhibit any expected emotional reaction and states that diagnosis is not true.
Displacement	The belief that one would be in great danger if true feelings about someone were known to that person, which causes the individual to discharge or displace feelings onto a third person or object	A family member is angry at the patient for not taking better care of himself and feels too guilty to express this to the ill person. Instead, he expresses anger at the nursing staff for giving inadequate care.
Identification	Accepting the other person's circumstances as though they were one's own	A man's wife died a very painful death from cancer. When he is diagnosed with cancer, he experiences extreme anxiety because he has accepted his wife's experiences as if he had lived them.



Common Defense Mechanisms

Intellectualization	Separating emotion from an idea or thought because emotionally it is too painful	A patient discusses the physiology of his leukemia at length without any emotional reaction.
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Isolation	Blocking out feelings associated with an unpleasant or threatening situation or thought	A nurse caring for a critically ill patient who is the same age provides care without experiencing the emotions related to tragedy of the patient's situation.
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Common Defense Mechanisms

Projection	Transferring or blaming others for one's own unacceptable ideas, impulses, wishes, or feelings	After a myocardial infarction, a patient relates that his wife is coping poorly with his condition. This patient's anxiety may be too great and threatening to face, so he places his own fears onto his wife.
Rationalization	Substituting acceptable reasons for the true reasons for personal behavior because admitting true reasons is too threatening	Smoker continues to smoke despite physician's warning because he knows many people who smoke and have no ill effects.
Reaction formation	Actions that are opposite of the true, unacceptable feelings that the person is experiencing	A woman has negative feelings about her pregnancy but then lavishes constant attention on her newborn.



Common Defense Mechanisms

Regression	Reverting to earlier patterns of development as a way to reduce anxiety and demands on one's self	During serious illness, a patient exhibits behavior more appropriate for a younger developmental age, such as excessive dependency.
Repression	Forcibly dismissing unacceptable thoughts, feelings, impulses, or memories from consciousness	A person is unable to recall feelings of hostility toward a sibling or specific memories from childhood.
Sublimation	Expressing repressed urges or desires in socially acceptable ways	An angry person writes a poem about his reactions to his feelings.



Some Common Coping Mechanisms

1. Talking problems out with others and gaining new insights by other people's view or approach to the problem
2. Expressing intense emotion by crying, yelling, or laughing
3. Seeking comfort from friends, favorite foods, cigarettes, treasured objects, or consciousness-altering substances
4. Using humor to discharge tension in a way that avoids fully acknowledging a difficult situation



Some Common Coping Mechanisms

5. Exercising or performing manual labor to relieve tension
6. Problem-solving using a series of strategies and step-by-step approaches to the resolution of a problem
7. Sleeping to avoid problems or escape
8. Avoiding upsetting situations, for example, by feigning illness, to avoid a confrontation



Conclusion

Nurses will encounter in their patients a wide range of psychosocial responses to illness.

Understanding these types of responses and knowing what to expect can help the nurses to better care for their patients.



End of Chapter 2

