

PSYCHOLOGICAL COUNSELING IN REDUCING SURGICAL ANXIETY

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Abstract: Located in a close causal relationship with the personality profile, the anxiogenic elements are more eloquent highlighted and scientific analyzed by the field literature in the last decade, which was decisive in choosing the theme of this study that is not intended to be exhaustive but only "a plea" to the idea of a therapeutic support and development of the general sanogenesis that the patient should benefit from those called to relieve his suffering (be they doctors, psychologists, therapists, and so on). The study of human personality requires patience, passion and a solid professional training. In their absence, the chance of a bad diagnostic increases and our understanding and knowledge abilities are reduced. Nothing is stronger, more present, more universal in life and in the social environment than the human being, a model and a plenary and exclusive manifestation of the soul. The analysis of its living, active and concrete presence, is the only one able to solve and answer all questions (so complicated and different) asked by psychology.

Keywords: surgical anxiety, anxious expectation, general sanogenesis, overall anxiety, structural anxiety.

I. RESEARCH ARGUMENTS

Any illness, regardless of its nature or gravity, is a particular negative experience, mostly unique and dramatic, in which the patient's involvement is deep and genuine. The disease begins as a "moment of interrogation, as a period of anxious expectation, to which psychology may respond with its specific content, approaches and vocation" (Braken & Thomas, 1998).

In case of illness, the patient enters a world of multiple question marks. Lived amid uncertainty, and sometimes ignorance, this process is likely to lead to new symptoms that may form a second condition, really a morbid secondary condition as an expression of the suffering and reaction of the person to the primary disease. It is an enhancement of the symptoms through the rate of psychogenic element determined by the *sine die* consciousness of the disease. It varies from one individual to another, depending on the nature, severity or evolutionary time, but especially on the patient's personality structure - this psychogenetic potentiation is mostly expressed by anxiety

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II. THE EXPERIMENTAL APPROACH OF SURGICAL ANXIETY

Surgery is, by its very nature, traumatic because surgery is the most dramatic and therefore spectacular specialty of medicine. It is a fascinating field, marked by the emotional charge that accompanies each feeling of the one who waits, often at the edge of survival, the outcome of the fight with disease and death.

The patient is confronted with physical suffering, dominated by pain and mental suffering, dominated by uncertainty, anxiety and often depression. Within the intervention, "anxiety is a psychological dominant in patient, it is also extreme and marks him almost throughout the surgery" (Everly, 2008), from the time of admission, continuing with preoperative preparation or anesthesia, enhancing - - paradoxically - after the success of the surgery (by negative thoughts about possible sequels or complications, about his future socio-professional reinsertion).

Being "the most visible expression of surgical psychological stress" (Holdevici, 2011), anxiety has been investigated by many psychologists (Hamilton anxiety questionnaires, Hospital Anxiety and Depression, Anxiety Scale etc.).

1. THE OPERATIONALIZATION OF TERMS

A. Surgical intervention

1. difficulty (duration and type of difficulty): mild; average; serious
2. type of intervention: classical; laparoscopic
3. Duration of pre-surgical hospitalization
4. Duration of post-surgical hospitalization

B. Anxiety

Recognizing the signs that indicate the presence of anxiety facilitates the approaching of the anxious person along with a whole "arsenal" of psychotherapeutic methods and techniques. All these signs can be summarized in the following table.

Table no.1 Signs of anxiety (Tudose, 2011).

Symptoms	Clinical signs	
Psychological	Iritability Anticipatory anxiety Insufficient concentration	
Somatic	Gastrointestinal	Dry mouth Difficulty to swallow
	Respiratory	Difficult respiration Feeling of toracic constriction
	Cardiovascular	Palpitations Tachycardia High blood pressure
	Genital	Erectile dysfunction Urgent and frequent peeing
	Neuro-muscular	Subtle shaking of extremities Muscular pain
Sleep disorders	Insomnia	
Others	Depression Obsessive ideas	

Also, anxiety has the following characteristics (Tudose, 2011):

- is apparently unmotivated;

- the person refers to an unspecified but imminent threatening, which determines alertness;
- a feeling of helplessness in the face of danger;
- associating a whole procession of vegetative signs generating somatic discomfort (waves of sweating, tremors, diarrhea, accelerated breaths etc.).

Thus, appears a vicious circle where anxiety is self-increased.

1. The level of total anxiety: small; average; high
2. The type of anxiety: structural (Cattel); situational (Luscher)

C. The type of personality: type A; type B; type mixed

Type A personality is living in a constant state of stress and shows a false sense of urgency. For these people there is no tomorrow. Projects and objectives should be carried out as quickly as possible, the concept of "free time" is non-existent and therefore multitasking becomes the norm. In this race against time, type A individuals become anxious and hostile towards others, are eminently ambitious, independent, possess a fiery competitive spirit and inexhaustible reserves of energy and motivation.

Unlike type A, type B personalities adopt a more relaxed attitude to life. They are not so obsessed with time and work, they don't have a spirit of competition so powerful and find satisfaction rather in social and professional networking and collaboration. These people have more patience, pay more attention to details, spend more time focusing on their projects and work in a more flexible and creative way. Type B personalities have a higher power of concentration and do not get distracted from their main activity. However, type B does not enjoy very good skills of time management, failing to capitalize it as it should.

2. HYPOTHESIS

These considerations led to the formulation of the following general assumptions: The anxiety caused by surgical stress and how the person manages the stress caused by surgery depend on the structure and type of the personality.

This general hypothesis determines the following specific assumptions:

- anxiety intensity depends on the complexity and difficulty of the surgery.
- anxiety intensity and its management depend on the personality type.
- anxiety intensity depends on the type of surgery (traditional or laparoscopic).
- psychological counseling of the surgical patient decreases the intensity of surgical anxiety.

3. METHODS AND SAMPLE

3.1. Methods

- Patient file: includes objective data about the patient (name, age) and data with reference to the surgery (diagnosis, type of intervention, degree of difficulty, pre-and post - surgical hospitalization duration).
- Anamnesis file (questionnaire) includes objective data about the patient (name, age, gender, origin, education), and 15 items aimed at the existence of prior biological conditions, self-evaluation of stress, confidence in the success of the intervention, the

existence of family support, confidence in own ability to overcome illness (Iamandescu, 2002).

- Questionnaire on Personality Type (determines the type A, B or mixed) contains 25 items built after the defining characteristics of the behavior pattern of Type A, described by Friedman and Rosenman, 1974
- Cattell Anxiety Questionnaire: contains 40 items, the questionnaire takes about 5 minutes. The anxiety test can be applied to both genders from the age of 14, and nearly to all the cultural level types
- Luscher Color Test (projective test): has a considerable value in highlighting the significant aspects of personality and warning on the psychological and physiological stress areas

3.2. Sample

The research sample consisted of 40 subjects aged between 22 and 73 years, both from rural (39 subjects) and urban areas(21subieci) with different education level.

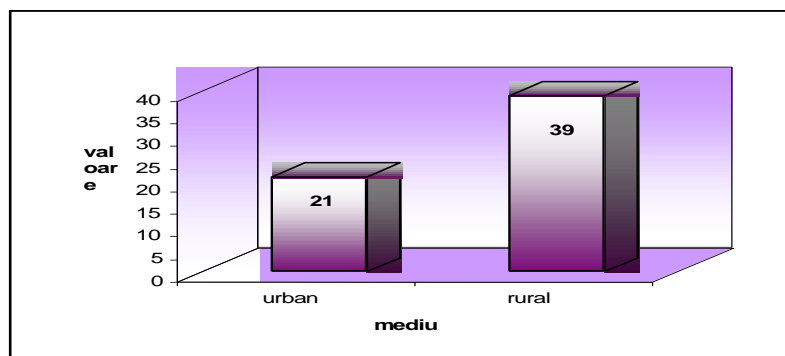


Fig.1. The origin environment of the subjects

Of these , 20 are women and 20 men who underwent surgery between January-February 2014, at the Department of Surgery of the Clinical Emergency Hospital of Brasov

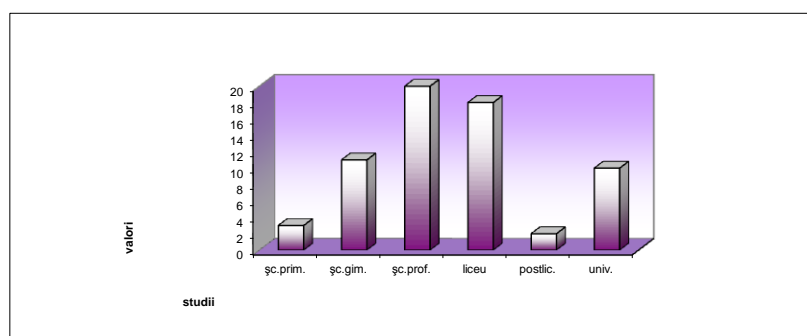


Fig.2. Education level of the subjects

The difficulty degrees of the surgeries were easy, medium and hard, with the predominance of medium difficulty because they seemed more significant for the purposes of the research undertaken

3.3. Processing and interpretation of data

After the statistical processing of data in SPSS.17, the program revealed the following correlations.

Highly significant correlation (at the threshold of 0.01) between the level of total anxiety (structural), determined by Cattell anxiety questionnaire and personality type.

The analysis of the data proves that personality type A shows a high level of structural anxiety (level 3).

Type A, according to the research findings is strongly correlated with stress and susceptibility to coronary artery disease. The tendency to react more strongly to stress than the rest of the people seems to be the result of the existence of a higher structural anxiety than in individuals with the type B or mixed. Although individuals of type A show a strong self-confidence, in fact they are prey to constant feelings of lack of self-confidence.

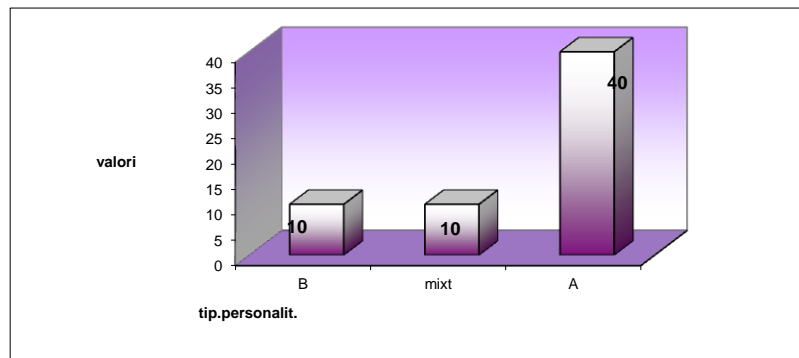


Fig.3. The personality type

Hence their hostility and aggressivity and impatience and over-involvement in activities, inability to control their tension and anxiety.

Significant positive correlation between the self –evaluation of stress and the personality type.

The analysis of these data shows that personality type A -as it reacts more strongly to stress -, obviously has the tendency to appreciate stressful situations as more powerful than they other individuals of type B or mixed would.

The surgery as a stressful element for everyone, is considered to be a major stress to the Type A personality. Probably interrupting normal activities and the inability to carry out their "power" that people with type A behavior pattern used to display and especially the state of being sick are a multitude of reasons to appreciate the intervention as major stress generator.

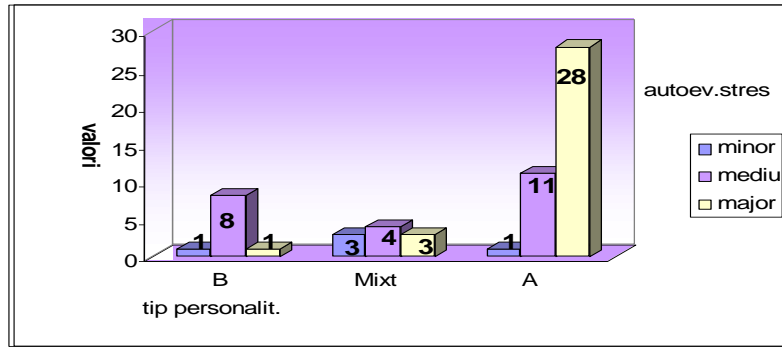


Fig.4. Correlation between personality type and self-evaluation of surgical stress

Highly significant correlations between the structural anxiety level and the type of compensation , as well between the type of compensation and personality type.

Individuals exhibiting high levels of structural anxiety in the situation of being subjected to surgery (major source of stress) develop a strong anxiety. Choosing auxiliary colors on first places implies a negative attitude towards life. Where there is such a choice, anxiety exists and it shows the presence of an overcompensation, which is specific to the type A personality.

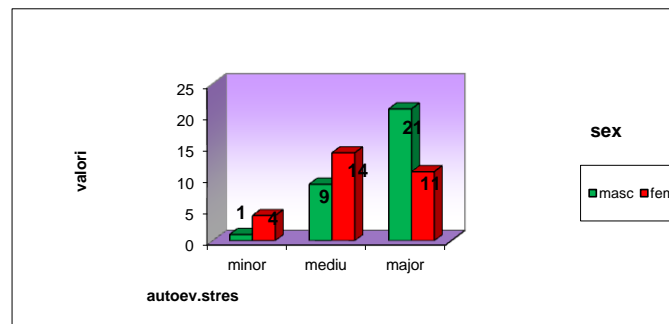


Fig. 5. Correlation between gender and self-evaluation of stress

Significant negative correlation between gender and self-evaluation of stress.

This indicates that surgery is considered a major source of stress to a greater extent by men than by women, as they consider it more a situation which generates average stress.

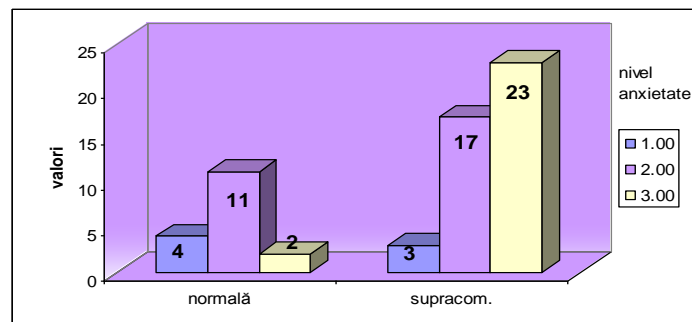


Fig.6. Correlation between anxiety level and presence of overcompensation

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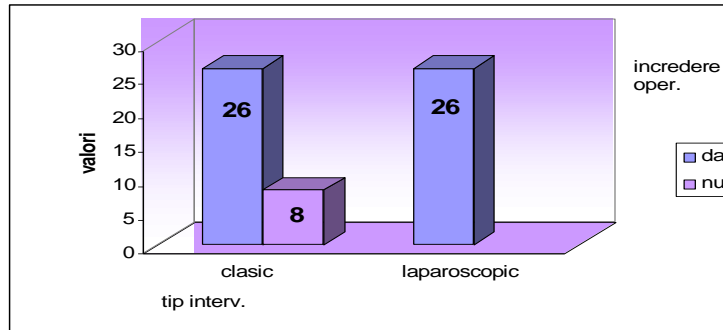


Fig. 7. Correlation between self-evaluation of stress and difficulty of surgery.

Highly significant positive correlation between self- evaluation of stress and difficulty of surgery.

In the category of minor stress were only integrated interventions with small and average difficulty; generating average stress were considered to be the interventions of small, medium, and great difficulty; in major stress category were integrated interventions with medium difficulty and in an increased proportion , those of higher difficulty with an increased risk of post-surgical complications or with uncertain prognosis.

Highly significant negative correlation between the type of surgery and the difficulty of the intervention and between the type of surgery and trust in the intervention.

Since the laparoscopic surgical technique is increasingly used in our hospitals and patients are more and more informed about the specifics of this surgical technique, itis no longer surprising that people's confidence in this particular technique has greatly increased on the expense of the classic intervention.

Also, note that if the percentage of confidence in the classic type of intervention is equal to the percentage of confidence in laparoscopic intervention, in case of distrust, it would only be seen in classic interventions.

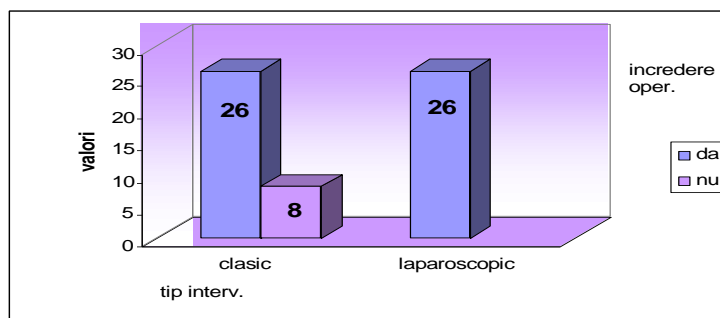


Fig.8. Correlation between confidence in the success of the surgery and the type of intervention

Highly significant positive correlation between confidence in the success of the surgery and the existence of moral support.

In the presence of moral support, confidence manifests itself regarding the intervention; there are no cases of distrust in its success, while in the absence of moral support given by family and entourage, we witness the manifestation of distrust in the success of the surgery. From this we can conclude that the existence of people with a moral support role has a positive impact on the moral of the patient, which increases his confidence in the success of the surgical intervention and post-surgical recovery

2.4. Conclusions

After processing the research data we found that the general assumption of the research is confirmed and as such, we can say that the anxiety generated by the surgical stress and how the individual handles the stress caused by surgery depend on the structure and type of his personality.

Type A personality manifests in the case of a high anxiety surgery, generated by the present structural anxiety, which in this type of personality is present at high levels. Situational anxiety is also increased in this type of personality, more than in the case of type B or mixed personalities.

The conclusions obtained can be attributed to the predisposition of type A to react more strongly to stress than others.

The study of human personality requires patience, passion and a solid professional training. In their absence, the chances of diagnostic error will increase and our understanding and knowledge will be reduced. Nothing is stronger, more present, more universal in life and social environment than man – a model and plenary and exclusive manifestation of the soul. The analysis of its living presence, active and concrete, is the only one able to solve and answer all questions so complicated and different posed by psychology.

REFERENCES

1. Braken, P., Thomas, R. (1998). *A new debate on mental health and Open Mind*. Applied Social Sciences, University of Bradford.
2. Everly, G. (2008). *Controlling stress and tension: A holistic Approach*. Preutice-Hall, Inc. Englewood Cliffs, New Jersey.
3. Holdevici, Irina (2011). *Psihoterapia anxietății*. București: Editura Universitară.
4. Iamandescu, I.B.(2002). *Stresul psihic din perspectivă psihologică și psihosomatică*. București: Editura Infomedica.
5. Tudose, F., Tudose, Cătălina, Dobranici, Letiția. (2011). *Tratat de psihopatologie si psihiatrie pentru psihologi*. București: Editura TREI.