Chapter 8

Building a Sense of Security in a Patient: A Psychological Perspective

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ABSTRACT

This chapter describes how biopsychosocial conditioning is a dynamic functional structure which included definitive aspects of health, somatics, social aspects, psychological parameters and spiritual health. The approach of the authors to include health and disease in terms of a system that governs the specific principles. The systems such as the human body and human psyche are open and relatively autonomous. Openness enables new factors, stimuli, information and experience to be introduced into the system, but also entails the risk of introducing harmful influences on health and psychosocial statuses. Autonomy and awareness of psychological structures are linked to the ability to control the biopsychosocial state. The conviction of exercising such control is a source of the sense of security.

INTRODUCTION

A lot of medical data indicate interrelationships between somatic and psychological health in the ontogenesis as well as with the context of life – past and present (Cierpiałkowska, Sęć, 2016, Liberska, 2016, Heszen & Sęć, 2017). Somatic health is the domain of physicians (doctors, physiotherapists, nurses), the psychological health – psychologists and psychiatrists. Nevertheless, numerous contemporary specialists in medicine and psychology claim that biopsychosocial approach seems worthwhile as it softens the competence borders with regards to the criterion of the effectiveness of treatment.

The biopsychosocial condition is dynamic and cannot be treated as a mean value or “simple resultant” of definitional aspects of health i.e. somatic, social, psychological and spiritual health (picture 1). The given aspects remain related with the life environment in the broad sense and human development. Therefore, at this point health and illness ought to be understood in terms of a system based on the rules of wholeness, equipotential, equifinality and mutual causality (von Bertalanffy, 1952; Laviolet, 1981; Janicka & Liberska, 2014).

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This paper remains within the current of integrated approach to health and illness. The human organism and its psyche are open and relatively autonomous systems. Openness allows new factors, stimuli, information, and experiences to enter the system, but also entails the risk of entering into the system factors harmful for health and biological and psychosocial functioning. Autonomy and awareness of psychological structures are linked to the ability to control the biopsychosocial state. The conviction of exercising such a control is the source of the sense of security.

According to the principle of wholeness, a system is an integral whole/ construction so it is much more than a sum of all elements making it. According to the principle of circularity each action or change in one element / subsystem causes a change in another element / subsystem with which it is in mutual relation. Changes in a system take place according to the feedback mechanism. Consequently, as follows from the principle of causality, everything that happens in the system has its causes and induces certain effects in the system. According to the principle of equipotentiality, different effects in the structure and functioning of the system can have the same causes. The system of any living organism (each living biological structure: human organism, animals, plants) is an integral part of a greater system (e.g. system of a family, hospital, society, etc.).

The health is influenced by genetic and socializing factors which include i.e. relations in a family, educational system or in the work environment, the condition of the natural environment, socio-economical system, especially the organization and quality of the health system as well as individual’s own activity.

The Sense of Security and the Need for Security

The sense of security is the effect of a subjective impression of an individual concerning the fulfillment of their need for security. What is the need for security? It is one of the most rudimental human needs revealed from the very first moments of existence.

According to the theory of human motivation created by Maslow (1970), human needs create a hierarchical structure. The basis of the structure is formed by needs of dominant or compulsory character. They are fulfilled in the first place as remaining in the state of unfulfilled compulsory needs may threaten one’s biological/physical existence. The needs, which are located higher in the hierarchy are fulfilled later as their immediate fulfilment is not necessary for keeping a subject alive.

In this respect, in a situation when a couple of needs on various levels of the hierarchy remain unfulfilled, including the need for security, the activity of a subject is focused on searching for signals indicating the possibility of fulfilling the needs from the category of dominant/compulsory. Providing that the primary needs are fulfilled, conditions arouse to develop new, higher-rank needs. Their fulfillment allows for creating needs of even higher rank in the hierarchy (in the pyramid of needs) (picture 2). The needs located on the lower levels of the “pyramid of needs” showed in the picture 2, are aroused by signals or impression of deficiency which trigger out the so-called motivation of deficiency (Drat-Ruszczak, 2000). Its mechanism may be compared to the mechanism of negative feedback (conf. Lewicki, 1978). The needs located on the higher levels of the pyramid are connected with the motivation of growth as they are aroused by aspirations and expectations which stem from psychological structures rather than directly from the biological structures or physiological processes. The mechanism of the motivation of growth may be compared with the mechanism of positive feedback.

The needs set the direction and aim of activity, the strength of the realization undertakings and their dynamics. They regulate human current behaviour and their development in all dimensions. It is worthwhile that the source of needs is the body and the psychological structures shaped in the course of
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