

Report from the Analysis of the Image of Body Self of Patients Suffering from Spondylosis Cervicalis and Spondylosis Lumbalis

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Letter to Editor

Previous studies of patients with spondylosis cervicalis and patients with spondylosis lumbalis indicate the presence of several significant differences in the somatic and psychological sphere, which can be considered as potential risk factors for the emergence of respondents diseases. In women with cervical spondylosis causes are psychological stress factors: low sense of safety, negative affect, one-sided concentration on the the emotional sphere, strong feeling of being under pressure from the outside, and the sense of danger and introversion. There is among them a lack of balance between somatic sphere and the emotional sphere leading to developmental disorders of body self [1]. Women with cervical spondylosis and women with lumbar spondylosis have different patterns of attachment style, than healthy [2]. Research on the emotionality of patients with cervical spondylosis indicate similarities in the manifestation of negative affect to the presence of a risk factor for diseases referred to as Type A behavior model (hostility, impatience, explosivity, strong defensive attitude, suppression of emotions, repressiveness, hysteria, compulsion)[3]. In studies of the body Self image in patients with osteoarthritis of the lumbar spine are some problems with the body Self image in terms of: increased level of threshold of sensations, interpretation of physical states and interpretation of body identity, and power of body Self.

In reference to above findings, now studies are being conducted in the field of self body image in patients with cervical spondylosis and lumbar spondylosis patients with.

In studies involved 144 people, from 22 to 59 years of age, divided into three groups: 48 patients with cervical spondylosis, 48 patients with lumbar spondylosis and 48 healthy people. Body Self study is conducted using a proprietary questionnaire body Self of Saxon-Obada [4,5]. Body Self Questionnaire consists of 11 diagnostic scale: increased threshold of sensations (OPD)- which measures the strength of increased sensitivity to external and internal stimuli; lowered threshold of sensationa (PPD)- which measures the strength of reduced sensitivity to external internal stimuli; interpretation of emotion (EMO)- measures an ability to differentiate and interpret experienced emotions; interpretation of physical states (STA)- measures an individual's ability to identify, differentiate their physical needs; interpretation of body identity (TOZ)- measures an ability to determine the limits of one's body, to be consistent with the body and to name current; regulation of emotion (REM)- measures knowledge of the causes of emerging emotions and an ability to create adaptive strategies of affect regulation; regulation of physical states (RSF)-

measures knowledge of the causes of emerging physical needs and an ability to adaptive strategies to meet their physical needs; an emotional attitude to the body (SEC)- measures the level of negative attitude to the body; power of body Self (SS)- is the resultant of the sum divided by the number of scales included in body Self; komfort in physical intimacy (KBF)- measures the feeling of comfort and trust (security) in close relationships. It refers to a relation of comfort in close relationships with the type of child's attachment to the object, according to Ainsworth; body protection (OC)- measures the level of self-care functions (positive attitude towards own body and protection of the body) in an emergency.

The obtained results indicate statistically significant differences in body self, in the three groups. In the image of body Self of patients with cervical spondylosis, there are eight differences compared to the control group and they refer to higher results in scales: OPD, TOZ, REM, RSF, SEC, SS, KBF, OC.

In the image of body Self of patients with lumbar spondylosis, there are five differences compared to the control group and they refer to lower results in scales: PPD, OPD, STA, TOZ, SS.

Based of the analysis of the preliminary research results and the literature it can be concluded that these changes are developmental in nature and may be one of the factors influencing the development of spondylosis or a risk factors for its emergence. However, question arise about the relationship between changes in the image of body Self and the development of spondylosis.

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