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Mental Health, Life Satisfaction and Well-being between Normal and Psychosomatics

ORIGINAL ARTICLE



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Abstract

The present study was conducted on patients of peptic ulcer (N = 50), bronchial asthma (N = 50), diabetes (N = 50) and 50 hypertensive to make their comparison with normal (N = 50 for each group) respondents in terms of mental health, life satisfaction and well-being. It was hypothesized that psychosomatic patients and normal respondents would differ significantly in terms of (i) mental health, (ii) life satisfaction and (iii) well-being. For verification of the hypotheses the respondents of two groups were administered MHCL, Life Satisfaction Scale and Well-being Scale. The obtained data were analysed using t-test. The obtained t-values were found significant. Thus, hypotheses were retained. It was found that normal respondents of each group when compared with the respective psychosomatic group excelled in terms of mental health, life satisfaction, and well-being. Thus, it was concluded that psychosomatic problems interferes with mental health, life satisfaction and well-being.

Key Words

Mental Health, Life Satisfaction, Psychosomatics.

Introduction

Mental health, life satisfaction, and well-being are fundamental aspects of human existence that shape the quality of our lives. The concept of mental health has evolved over the years, encompassing emotional, psychological, and social well-being. It influences how individuals think, feel, and behave, and plays a significant role in how they cope with stress, relate to others, and make decisions. Life satisfaction and well-being, although closely linked, focus more on the positive evaluation of one's life as a whole, including overall happiness, fulfillment, and personal growth. These elements are central to understanding human resilience and happiness, regardless of circumstances.

However, mental health and well-being can vary greatly between individuals, especially when comparing those with "normal" psychological states to those suffering from psychosomatic conditions. Psychosomatic disorders are characterized by physical symptoms that are either caused or exacerbated by psychological factors, such as stress, anxiety, or depression. Individuals with psychosomatic disorders may experience real, debilitating physical symptoms, but these conditions have their roots in emotional or psychological distress.

Understanding the differences in life satisfaction and well-being between these two groups—those with normal mental health and those with psychosomatic conditions—is crucial for developing effective mental health strategies and interventions.

For individuals with normal mental health, life satisfaction is generally high. These individuals have a relatively stable emotional and psychological state, enabling them to cope with life's challenges effectively. Normal mental health is often associated with adaptive coping mechanisms, a sense of purpose, and the ability to build positive relationships. They are more likely to have a balanced emotional state, experiencing positive emotions like happiness, contentment, and gratitude more frequently than negative emotions like sadness, anger, or frustration.

From a well-being perspective, these individuals often report a high sense of personal achievement, self-worth, and social connectedness. Their ability to manage stress and maintain a sense of equilibrium during difficult times contributes to their overall well-being. Life satisfaction in normal individuals can be influenced by external factors such as socioeconomic status, family relationships, and work-life balance, but their ability to regulate their internal emotional states allows them to adapt more easily to fluctuations in their external circumstances.

In contrast, individuals with psychosomatic disorders experience a more complex relationship between mind and body. These individuals may suffer from chronic pain, digestive issues, headaches, fatigue, or other physical symptoms that are not fully explained by medical conditions or diseases. While the physical symptoms are real and distressing, they are often exacerbated or triggered by emotional factors such as stress, anxiety, or unresolved psychological conflicts. The mind-body connection in psychosomatic disorders is so strong that the psychological distress experienced by the individual can manifest physically, leading to a cycle of discomfort and emotional suffering.

From a mental health perspective, individuals with psychosomatic conditions often report lower levels of life satisfaction and well-being. The persistent nature of their physical symptoms can create a sense of helplessness, frustration, and chronic anxiety. Over time, these individuals may become socially isolated, as their physical symptoms may limit their ability to engage in normal activities. The ongoing struggle with unexplained physical pain can result in emotional exhaustion, leading to depression, a reduced sense of self-worth, and a diminished quality of life.

The psychological distress associated with psychosomatic disorders can create a feedback loop: the physical symptoms cause stress, which in turn exacerbates the symptoms. This cycle can make it challenging for individuals to break free from the negative impact on their mental health and well-being. In many cases, medical treatments may not fully address the underlying psychological causes, leaving patients feeling trapped and without hope for recovery.

While individuals with normal mental health tend to experience higher life satisfaction and well-being, those with psychosomatic disorders face a different, often more complex reality. The mind-body connection in psychosomatic conditions highlights the intricate relationship between emotional and physical health. Understanding these differences is essential for providing effective mental health care and support to those struggling with psychosomatic symptoms. By addressing both the psychological and physical aspects of these disorders, mental health professionals can help improve the overall well-being of individuals suffering from psychosomatic conditions, ultimately enhancing their life satisfaction and quality of life.

Review of Literature

A comprehensive review conducted by Diener, E., et al.² (2017) explored the role of mental health in life satisfaction. The review emphasizes the strong correlation between emotional well-being, psychological resilience, and life satisfaction. It concluded that individuals with better mental health typically report higher life

satisfaction due to more adaptive coping mechanisms and emotional regulation. Kroenke, K., et al.⁶ (2007) examined the impact of psychosomatic disorders on life satisfaction. The study indicated that individuals with chronic psychosomatic symptoms reported significantly lower life satisfaction compared to those without these symptoms. Factors like anxiety, depression, and somatization were identified as key contributors to reduced life satisfaction. Van Houdenhove, B., et al.¹¹ (2010) conducted a meta-analysis on the relationship between psychosomatic symptoms and psychological distress. The analysis showed a consistent link between psychosomatic disorders and mental health issues, particularly anxiety and depression, which in turn negatively impacted overall well-being and life satisfaction. A study by Kabat-Zinn, J., et al.⁵ (2014) investigated the role of mindfulness-based interventions in improving life satisfaction and reducing psychosomatic symptoms. The research demonstrated that individuals with psychosomatic disorders who engaged in mindfulness practices showed significant improvements in both their psychological and physical well-being, leading to better life satisfaction. McCracken, L. M., et al.⁷ (2014) explored how cognitive-behavioral therapy (CBT) could improve life satisfaction in individuals with chronic psychosomatic symptoms. The results indicated that CBT was effective in addressing both the emotional and physical aspects of psychosomatic disorders, resulting in improved mental health, well-being, and life satisfaction. Suls, J., & Bunde, J.⁹ (2005) reviewed literature on how chronic stress contributes to the development of psychosomatic disorders. The review highlighted that prolonged exposure to stress increases vulnerability to psychosomatic symptoms, such as chronic pain and fatigue, which can significantly impair life satisfaction and psychological well-being. A study by Thoits, P. A.¹⁰ (2011) examined the role of social support in mental health and life satisfaction. It found that strong social networks and perceived support can buffer the negative effects of psychosomatic symptoms. For individuals with psychosomatic disorders, social support was found to significantly enhance psychological well-being and improve life satisfaction. Norton, P. J., et al.⁸ (2012) reviewed the role of personality traits in psychosomatic disorders and their impact on life satisfaction. The review suggested that individuals with high levels of neuroticism or low levels of emotional stability were more likely to develop psychosomatic symptoms, which in turn reduced their overall life satisfaction and well-being. A study by Brown, R. J., et al.¹ (2007) examined the connection between somatization (the manifestation of psychological distress as physical symptoms) and depression. The research demonstrated that somatization was closely linked to higher levels of depression, which negatively impacted life satisfaction and overall well-being. Gatchel, R. J., et al.⁴ (2007) reviewed literature on the impact of chronic pain, a common psychosomatic symptom, on life satisfaction and mental health. The review highlighted how chronic pain, often linked with psychosomatic disorders, can severely reduce life satisfaction by increasing emotional distress and impairing social functioning. Fava, G. A., et al.³ (2013) reviewed the effectiveness of various psychological interventions (e.g., psychodynamic therapy, cognitive-behavioral therapy) on improving well-being in individuals with psychosomatic disorders. The review concluded that tailored psychological interventions, particularly those addressing both psychological and physical aspects of the condition, could significantly improve life satisfaction and mental health.

These reviews provide a diverse understanding of the relationship between mental health, life satisfaction, and well-being in individuals with both normal mental health and psychosomatic disorders. The research underscores the importance of addressing both the psychological and physical aspects of psychosomatic conditions to enhance life satisfaction and overall well-being.

Objective

The study intended to compare psychosomatics and normal in terms of mental health, life satisfaction and well-being.

Hypotheses

- (1) The psychosomatic respondents would differ significantly from normal counterparts in terms of mental health.

- (2) The psychosomatic subjects respondents would significantly from normal counterparts in terms of life satisfaction.
- (3) The psychosomatic respondents would differ significantly from normal counterpart in terms of well-being.

Method of Study

Sample Used

The sample comprised of psychosomatic (peptic ulcer; N=50; bronchial asthma: N=50; diabetes : N=50; hypertension : N=50) and 50 normal to each of the family members to which the patients belong. The psychosomatics were selected from among Government hospitals, private hospitals as well private clinics. The normal were either their family members or nears and dears. The subjects were matched in respect of sex, inhabitation and other than the research condition.

Tools Used

- (1) A PDS was used to seek the personal information about the respondents.
- (2) Mental health check-list by Pramod Kumar was used to assess the mental health of the respondents.
- (3) Life satisfaction scale by Alam Q.G. and Srivastava, Ram Ji were used to measure life satisfaction of the respondents.
- (4) Psychological well-being scale by Sisodia, D.S. and Choudhary, P. was used to measure psychological well-being of the respondents.

Results, Interpretation and Discussion

Table 01: t-ratio showing the comparison between the normal subjects and the psychosomatic patients in terms of mental health

Respondents	N	Mean	SD	t-matrix	df	p
a. normal	50	40.41	3.90			
				$t_{ab} = 6.74$	98	<.01
b. Peptic ulcer	50	35.29	3.75			
				$t_{ac} = 7.06$	98	<.01
c. Bronchial Asthma	50	34.97	3.86			
				$t_{ad} = 7.32$	98	<.01
d. Diabetes	50	34.92	3.69			
				$t_{ae} = 7.95$	98	<.01
e. Hypertensive	50	34.27	3.88			

It is clear from the result table-01 that normal respondents differ significantly from peptic ulcer groups of patients ($t_{ab} = 6.74$; $df = 98$; $p < .01$), bronchial asthma group of patients ($t_{ac} = 7.06$; $df = 98$; $p < .01$), diabetes group of patents ($t_{ad} = 7.32$; $df = 98$; $p < .01$), and hypertensive group of patients ($t_{ae} = 7.95$; $df = 98$; $p < .01$) on the measure of mental health. Normal respondents excelled over their each psychosomatic group of patients in terms of having higher degree of mental health. Normal respondents generally exhibit better mental health than psychosomatic patient groups such as those with peptic ulcer, bronchial asthma, diabetes, and hypertension because they are free from chronic physical symptoms, medical stress, and lifestyle restrictions. Psychosomatic conditions are strongly linked with prolonged stress, anxiety, and emotional conflicts, which negatively affect both physical and psychological functioning. Patients often experience worry about their illness, treatment burden, dietary limitations, and fear of complications, leading to reduced emotional stability and well-being. In contrast, normal individuals typically face fewer health-related stressors, maintain greater functional independence, and thus demonstrate higher levels of psychological balance and mental health.

Table 02: t-ratio showing the comparison between the normal subjects and the psychosomatic patients in terms of Life satisfaction

Respondents	N	Mean	SD	t-matrix	df	p
a. normal	50	52.43	3.29			
				$t_{ab} = 10.01$	98	<.01
b. Peptic ulcer	50	45.72	3.37			
				$t_{ac} = 10.99$	98	<.01
c. Bronchial Asthma	50	44.96	3.45			
				$t_{ad} = 10.35$	98	<.01
d. Diabetes	50	45.29	3.61			
				$t_{ae} = 11.10$	98	<.01
e. Hypertensive	50	44.88	3.48			

It is clear from the result table-02 that normal respondents differ significantly from peptic ulcer groups of patients ($t_{ab} = 10.01$; $df = 98$; $p < .01$), bronchial asthma group of patients ($t_{ac} = 10.99$; $df = 98$; $p < .01$), diabetes group of patients ($t_{ad} = 10.35$; $df = 98$; $p < .01$) and hypertensive group of patients ($t_{ae} = 11.10$; $df = 98$; $p < .01$) on the measure of life satisfaction. Normal respondents excelled over their each psychosomatic group of patients in terms of having higher degree of life satisfaction. Thus, hypothesis no. (02) is retained. Psychosomatic patients suffering from conditions like peptic ulcer, bronchial asthma, diabetes, and hypertension often manifest poor life satisfaction compared to their normal counterparts because chronic illness imposes continuous physical discomfort, lifestyle restrictions, and emotional burden. These conditions are closely linked to stress and emotional dysregulation, which can exacerbate symptoms and diminish quality of life. The need for ongoing medication, dietary control, medical visits, and fear of complications further reduces their sense of autonomy, leading to frustration, helplessness, and lower overall satisfaction with life.

Table 03: t-ratio showing the comparison between the normal subjects and the psychosomatic patients in terms of Psychological well-being

Respondents	N	Mean	SD	t-matrix	df	p
a. normal	50	173.46	3.73			
				$t_{ab} = 6.85$	98	<.01
b. Peptic ulcer	50	165.92	5.26			
				$t_{ac} = 6.51$	98	<.01
c. Bronchial Asthma	50	166.17	5.41			
				$t_{ad} = 6.94$	98	<.01
d. Diabetes	50	165.82	5.32			
				$t_{ae} = 6.86$	98	<.01
e. Hypertensive disease	50	165.78	5.45			

It is clear from the result table-03 that normal respondents differ significantly from peptic ulcer groups of patients ($t_{ab} = 6.85$; $df = 98$; $p < .01$), bronchial asthma group of patients ($t_{ac} = 6.51$; $df = 98$; $p < .01$), diabetes group of patients ($t_{ad} = 6.94$; $df = 98$; $p < .01$) and hypertensive group of patients ($t_{ae} = 6.86$; $df = 98$; $p < .01$) on the measure of well-being. Normal respondents excelled over their each psychosomatic group of patients in terms of having higher degree of well-being. Thus, hypothesis no. (03) is retained. Psychosomatic patients with conditions like peptic ulcer, bronchial asthma, diabetes, and hypertension manifest poor psychological well-being compared to their normal counterparts because chronic physical illnesses are often accompanied by persistent stress, emotional distress, and lifestyle limitations. These conditions can lead to

feelings of helplessness, anxiety, and depression, especially when symptoms are recurrent or poorly managed. The mind-body interaction in psychosomatic disorders further intensifies emotional turmoil, creating a cycle where psychological distress worsens physical symptoms, thereby impairing overall well-being.

Conclusions

- (1) Poor mental health is significant contributor to the growth and development of psychosomatic disorder. So, mental health is an etiological factor for the growth and development of psychosomatic disorders.
- (2) Poor life satisfaction is significant contributor to the growth and development of psychosomatic disorder. So, life satisfaction is an etiological factor for the growth and development of psychosomatic disorders.
- (3) Poor well-being is significant contributor to the growth and development of psychosomatic disorder. So, well-being is an etiological factor for the growth and development of psychosomatic disorders.

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