

DISEASE IDENTITY AND PSYCHOLOGICAL DISTRESS IN CHRONIC ILLNESS: A NARRATIVE REVIEW ON BIOGRAPHICAL DISRUPTION AND THE RECONFIGURATION OF THE SELF

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RESUMO

Introduction: Historical illness constitutes an experience that transcends the limits of the biomedical dimension, configuring itself as a destabilizing biographical rupture of the subject's identity and demanding a reconfiguration of the self. Prolonged coexistence with symptoms, specific limitations, and continuous treatments imposes on the individual not only physical challenges but also intense psychological suffering, often marked by the presence of mental disorders such as depression and anxiety. In this scenario, understanding the impact of chronic diseases on identity and psychological suffering becomes fundamental for developing care strategies that integrate emotional, social, and cultural dimensions. Approaches such as Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and disciplines within the Behavioral Sciences have proven relevant in assisting with the management of meaning and promoting quality of life, reinforcing the need for a holistic perspective that considers illness as a process of existential transformation. Objective: To understand the impact of chronic illness on the subject's identity and psychological suffering, as well as to analyze the process of biographical rupture and the strategies for reconfiguring the self in the face of the limitations and demands imposed by the illness. Methods: A narrative literature review was conducted in the PubMed, LILACS, and Oasis databases, using the keywords "Chronic Disease," "Self Concept," and "Adaptation, Psychological." Eligibility criteria included articles published between 2016 and 2026, resulting in the inclusion of 9 articles. Results: The findings show that chronic illness intensifies psychological suffering and requires a reconfiguration of identity. In patients with type II diabetes, 66.7% presented some degree of depression, with mild depression being the most frequent (32.9%). Among hypertensive patients, 71.9% reported depressive symptoms, while in the general adult population, 33.8% reported pain/discomfort and 20.5% anxiety/depression, with a greater impact on women and people with multiple chronic diseases. The analytical articulation shows that these elevated indicators of pain and mood disorders are not isolated, but rather direct manifestations of biographical rupture, in which bodily unpredictability destroys the linearity of the subject's life story, generating a crisis and loss of previous identity. Coping with this suffering requires therapeutic strategies such as CBT and ACT, which promote psychological flexibility and behavioral interventions that favor adherence to treatment and mitigate the impact of fragmented self-orientation. It is also essential to consider social and cultural factors, such as family support, education, and economic conditions, which directly influence quality of life and act as external mediators in the process of existential reorganization. Conclusion: Chronic illness represents a biographical disruption that destabilizes identity and intensifies psychological suffering. This experience demands a constant reconfiguration of the self, marked by losses and emotional challenges, proving that care should not be restricted to the biomedical aspect, but should integrate the other dimensions of the individual. Therapeutic approaches and behavioral strategies offer support in the reconstruction of meaning and the promotion of quality of life. Thus, facing chronic diseases requires a holistic perspective that recognizes the impact of the disease on body, mind, and identity.

Palavras-chave: Chronic Disease; Biographical Disruption; Psychological Adaptation; Self Concept.

