



# PROBLEMS IN THE EMOTIONAL SPHERE IN PATIENTS WITH SOMATIC DISEASE AND THEIR CORRECTION

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## ABSTRACT

*This article describes the psychological problems in patients with somatic disease, the analysis of diagnostic methods performed with them, the aspects that are important in the psychocorrection program in overcoming stressful, negative emotions in them.*

*The study of psychological reactions and emotional experiences in a patient during rehabilitation is important in providing them with psychological practical assistance. The study involved 36 middle-aged patients and healthy people treated at the Khorezm Regional TB Dispensary. In order to identify emotional experiences, John R. Otterbacher, David C. Munz's "Guilt Awareness Index" method and D. Amirkhan's "Study of coping strategies for overcoming life problems" method were used.*

*The results of the study showed that patients had a high level of guilt over healthy people. For this reason, no coping strategies have been identified as a result of coping strategies to address their life problems. Conversely, in healthy people, moderate guilt and coping strategies for overcoming life problems have been identified as scales for avoiding the problem and expecting help from others in finding a solution to the problem. The analysis of this study shows that the patient's psyche is characterized by a stronger development of willpower quality than that of healthy individuals.*

**KEY WORDS:** *depression, guilt, stress, tuberculosis, cancer patient, internal picture of the disease, coping strategy, art therapy, psychocorrection program.*

## INTRODUCTION

The World Health Organization defines health as related to physiological, mental, and social factors. Today, the most common cases are psychosomatic disorders associated with social relationships, resulting from mental stress.

In 1818, the German physician Heinrot had argued in his opinion that the root of any organic

disease was associated with disturbances in psychological activity. One of the most important aspects of patient rehabilitation is that the principles proposed by experts at different stages of society development are changing, and the main idea in it is the dignity of the individual and his adaptation to society. In the large-scale rehabilitation process,



attention to patient psychology emerges as a key issue.

According to the Swiss psychiatrist, psychologist Elizabeth Kübler-Ross, the patient's psychological reactions are divided into 5 stages - denial, nervousness, bargaining, depression, acceptance. [15]

The denial phase of the disease is a very common condition. For example, if we analyze the emotional processes in a person diagnosed with tuberculosis, then the questions "Why", "Why", "How" arise, and the diagnosis wants to be wrong, there is fear and stress. Tuberculosis is one of the most common, socially conditioned diseases in the world and as a severe somatic disease it is observed with certain neuropsychiatric disorders affecting the patient's personality. In many cases, patients often claim to be healthy and refuse treatment as a result of not believing the diagnosis. Most people today are aware of this disease, even knowing or hearing that there is a cure for it. Nevertheless, psychological conditions and changes in cognitive processes in patients treated for tuberculosis are characterized by their severity. Because of the long duration of treatment processes in this disease, it makes it difficult for the patient to receive a diagnosis of the disease, as people engaged in certain types of activities have an increased risk of losing his job. During this period, he remains in need of emotional support.

According to the expression of emotional reactions, the manifestations of aggression in most cases in severe forms of MDR-TB (multidrug-resistant tuberculosis) and XDR-TB (Extensively drug-resistant tuberculosis), in addition to the above cases, the disease is more severe, depending on the patient's condition, more severe psychological disorders. will pass. Because he is still struggling to make a diagnosis, the emotions in him are "why he is, he doesn't deserve this," trying to hide his health condition. Decreased self-esteem in patients, as well as a state of alienation from loved ones, can lead to mental problems as well as problems in the patient's medication intake. According to phthisiologists, vomiting is 13%, nausea is 16.8%, depression is 11%, arthralgia is 9%, allergic reactions are 7.4%, hepatitis is 5.5%, and sleep disorders are 5%. , 2%, hearing loss 4.8, diarrhea 4%, dizziness 4%. Sometimes psychoses - behavioral changes, visual, auditory hallucinations - can also be observed as a result of side effects of drugs and poor psychological condition of the patient. During this period, the patient feels that others cannot understand him.

In a patient with tuberculosis during the commercial phase, his condition appears to have improved somewhat, with changes in his condition. The tendency to share their feelings with others, to talk, to feel that they are getting better, to pay a little attention to those around them, to show them a sense

of caring, but this situation seems to be temporary. Some patients find the strength to overcome their illness through a sense of gratitude, to be strong-willed, to get help from those around them. In the vast majority of cases, various changes in the patients around them, negative emotions, the transition to the stage of depression, depending on the level of information received.

Depressive states in a patient with tuberculosis affect the mental and social state, loss of interest in the environment, decreased activity, psychomotor inhibition may be observed. Appetite decreases, guilt increases, concentration becomes difficult, and sometimes attempts are made to commit assassinations.

The most difficult period in this period is often the feeling of guilt in women. Because during this period, a woman is away from her family, her child, she suffers from not fulfilling her duty to them.

The Russian scientist I.A. Belik found that the feeling of guilt in women is higher than in men. It has also been identified by I.A. Belik. The scientist also points out that in older people (30-55 years old), guilt is associated with their limitations, missed opportunities, and the loss of loved ones. And in young people (19-23 years old) it has to do with hurting other people or realizing that they can't live up to the expectations of people who are important to them. [6] The researcher highlighted aspects of guilt related to age and gender characteristics.

According to researchers such as Berg, Whitkin, and Barling, the problem of guilt in married working women has now become the focus of Western psychologists. This is the result of an internal conflict in the person related to the woman's desire to fit into the roles of both a good wife and a qualified professional. Realizing this, a woman feels guilty in front of her children, her husband, her boss in the office, which can eventually lead to psychosomatic symptoms. [3] This problem is a common condition among women all over the world today and manifests itself as a consequence of the intolerance between a person's needs and opportunities.

Feelings of guilt in front of children (especially when a woman returns to work after giving birth and feels as if she is leaving, or not being able to see her child during treatment, the risk of contracting the disease) create certain patterns in her relationship with her child, often highly compensatory behavior. brings L. Hoffman calls it "substitute love."

A sense of guilt deprives the mother-to-be of the effectiveness of her activities. K. Borman et al. Argue that when a woman begins to blame herself for not fully fulfilling her motherly duties, her communication with her child is fraught with many "unexplained" outbursts of anger. [3] At the same time, more often the needs of the child are not met,



and the mother's negative assessment of her behavior leads to conflict situations.

### MATERIALS AND METHODS

According to Elizabeth Kübler Ross theory, in order to study the psychological reactions and Research results:

Feelings of guilt	Sick person	A healthy person		
	100 % a high degree of guilt	High level	Intermediate level	Lower level
		56.25 %	25 %	18.75 %

emotional experiences in a patient in 36 middle-aged patients and healthy individuals. The "Guilt Awareness Index" method developed by John R. Otterbacher, David C. Munz was conducted.

The study showed that the patient had a high level of guilt and that the same result was recorded in 100% of our subjects. In a healthy person, this figure was of three types: 56.25% high, 25% moderate, and 18.75% low. The high rate in patients serves as further evidence of regressive views of guilt.

This method is especially useful in situations where it is necessary to monitor the client's response to their own guilt in response to specific events or situations, and which may occur when working with family therapy.

When it comes to the condition of sick people, it is extremely important to have the support, psychological, emotional and spiritual support of relatives and family members even when they are able to accept the diagnosis. This factor is especially relevant for the formation of stable adherence to treatment. In the majority of patients treated for a long time, forced social loneliness, negative emotions are formed due to the disgusting attitude of those around them towards their illness, and their commitment to treatment decreases.

The patient has a tendency to hysterical reactions under stress, increased levels of depression, anxiety, aggression and hostility, interpersonal sensitivity, decreased ability to work, mood swings, fears, difficulties in communicating with others, impaired social flexibility, antisocial tendencies, as a result of psychological disorders in the patient. the rigidity of mental processes, the problems associated with maintaining one's self-esteem among people who are important to him.

Such specific personality traits can complicate the scope of communication with patients and lead to additional stress, disturbances in the previously weakened psychological adaptation system. Psychological disorders are specific to individuals who are ill for the first time and have a chronic illness.

It should be noted that all of these factors affect the psyche. One of the important concepts in the approach to the patient is the concept of "inner view of the disease" given by R.A. Luria " the totality of a person's ideas about his illness, the result of creative activity that the patient makes on the way to realizing his illness. This phenomenon represents an

assessment of the disease and subjective health, which can influence the further understanding of one's condition during the course of the disease." [11]

While emotional and intellectual status were taken into account in the assessment of the disease, the process was then studied in 4 levels.

- A set of sensory degree-painful sensations. All of these are emotions that arise in connection with functional changes.

- Emotional level — related to the disease experience and its consequences. These are the different emotions that occur in connection with the disease.

- knowledge of the intellectual (cognitive) degree-disease and its real assessment. In this case, the patient's experience is important, which determines the processing of the fact of the disease and the prediction of the consequences of the disease.

- motivational (behavioral) degree. Forming a certain attitude towards the disease, making lifestyle changes and healing activities.

The internal picture of the disease usually also serves as a holistic formation, and its formation is influenced by various factors: the nature of the disease, its severity, development, personality traits of the patient in the pre-disease period, and others. [11]

When we analyze some of the patient's attitudes toward the disease and some of the personal qualities that affect the communication process, some assume responsibility for the problems that occur with them, while others explain the cause by other circumstances. Some categories are well aware of their disease, pay close attention to the treatment process, can easily form adherence to medications, and follow prophylactic procedures to prevent the possibility of recurrence after overcoming the disease. In some, the opposite may be true. In the psyche of a patient treated with chronic diseases are observed insecurity, low self-esteem, anxiety, high emotionality, weak logical thinking, low level of volitional qualities, sluggish mental activity, fatigue, stress, relaxation in his psychophysical state. There are also patients with personal anxiety who are more likely to experience diffuse or meaningless anxiety in general. It manifests itself as helplessness, lack of



self-confidence, weakness in the face of external factors.

All people strive for inner stability, harmony, physical and mental health. But in realizing these aspirations in life, one can often encounter complex situations and problems alone. Circumstances in which a person is unable to cope independently with complex problems encountered in the course of life can be observed and he may need psychological help. Everyone experiences tension and stress. This is a condition that occurs at different times depending on the situation, both in the patient's condition and in

Test results

Scales of the method of studying coping strategies for overcoming life problems	Troubleshooting scale	The scale of striving for social support	Problem avoidance scale
In patients	81.25 %	18.75 %	-
In healthy people	81.25 %	12.5 %	6.25 %

In a problem-solving strategy, a person seeks an effective solution to a problem using the internal personal resources available to him or her. The same result was found in both groups of subjects on this scale. The results obtained on the scale of striving for social support show that the patient personally feels more in need of attention and support from relatives than a healthy person. The results of the problem-avoidance scale gave the researcher an astonishingly unusual appearance. According to him, no strategy to avoid the problem in the patient's personality has been identified. On the contrary, it has been found that avoidance of the problem is observed, albeit to a lesser extent, among healthy people. All three strategies are important for the patient's individual treatment process.

Conclusion

We learned that the following should be considered when organizing a psychocorrection program to help patients cope with stressful, negative emotions.

1. Diagnosis of the patient's psychological condition in the first stage.

At the same time, in the course of interviews with patients undergoing treatment for tuberculosis and oncological diseases, it was found that in general, they suffer more from the feeling of unforgivability, that the causes of the disease are caused by something or someone. In the process, it was identified the need to carry out mental catharsis with them, the need to share their emotional experiences, the importance of being able to give him sympathy. Positive results were observed in the practice of training that develops self-awareness in the patient with closed conditions.

2. The stage of self-awareness.

the healthy person's condition. Man acts in a certain direction and in a specific way to eliminate the tensions in himself. A set of methods unique to each person to deal with situations that cause stressful emotional tension is his or her coping strategy, which can provide information about the internal resources that allow you to solve problems.

In our study, D. Amirkhan used a modified version of the method "Study of coping strategies for overcoming life problems" modified by V.M. Yaltonsky and N.A. Sirota. [1]

At this stage, positive results were obtained when conducting operations with the patient "going back to childhood", "who am I?", Training, "gratitude for body parts". If patients are suffering from "unforgiveness, guilt", the reasons for these events are discussed from the patient's point of view, giving him the opportunity to observe their relationship from the outside. We think this will be more effective if it is usually done through group support sessions.

3. Effective use of forms of art therapy according to the psychological state of the patient.

The possibilities of using art therapy with patients, especially the method of isotherapy, are wider. In particular, it was observed that patients treated for tuberculosis were more likely to resort to picture and play therapy, while oncology patients were more likely to choose picture therapy, sand therapy, and story therapy.

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