

The need to organize psychological services with patients

Shakhlokhon Kurbanova

gurbanova_shaxlo@mamunedu.uz

**Department of "Psychology and sports"
Mamun University. Khiva city, Uzbekistan.**

Abstract. In this article it's given wide range of information about the necessity of establishment of psychological service in the branch of phthisiology and the importance of psychological practice in medicine. It is also suggested to create psychological practical program about how to cure and overcome efficiently taking into the consideration patients psychological situations who have tuberculosis.

Key words: psyche, medicine, psychology, method, emotion, anxiety, psychodiagnostical research.

If we pay special attention to the issues of further development of the field of phthisiology, then the use of psychological practice in this field will also lead to high efficiency. Because psychosis and depression are common in patients in the field of phthisiology.

If we pay special attention to the need for psychological practice in medicine, we will analyze the importance of spiritual support through scientific literature.

Ibn Sina, in his work "The Canons of Medicine", presented a number of ideas on medicine and psychology. The various methods used by Ibn Sina in the treatment of seriously ill patients - the application of spiritual influence - fully meet the requirements of today's times. In the 1920s, in Germany, a debate arose between the concepts of "psyche" and "somatics" in explaining the importance of psychological and somatic causes in the origin of diseases. In particular, according to Griesinger, who was of great importance, "psychological diseases are diseases of brain function." [1]

The Russian doctor M. Ya. Mudrov, in his book "A Word on the Way to Teach and Learn Medicine," gave instructions to a young doctor: "Now that you have experienced the disease and know the patient, know that the patient will test you and he will know you. Work thoughtfully, know how important patience is, and direct all your mind and understanding to the patient's bed, gain his trust and teach him to love himself, this is the most important thing for a doctor." The author revealed the importance of psychological communication through these words.

The famous French psychologists Ribault, Janet, and Binet conducted their psychological research among healthy and sick people and answered not only the traditional problems of classical psychology, but also medical questions. They showed that a psychological approach is important for all people. [2]

The importance and necessity of organizing psychological services in the field of phthisiatrics is evident in the fact that patients in this category undergo long-term treatment. The patient's condition during treatment, the different effects of the drugs they take, and most importantly, the attitude of their loved ones and the mental thinking of patients around them, as well as the mental thinking of patients like themselves, are determined by the weakening of adherence to treatment, refusal of treatment or loss of hope for recovery, anxiety, depression, psychosis, and depressive symptoms.

Psychosis is a state characterized by loss of identity or loss of contact with the real world. In this case, patients experience visual and auditory hallucinations, paranoid states, mania, and behavioral changes.

People with depression experience somatic disorders, loss of interest in their surroundings, general disorientation and disorientation, psychomotor retardation (slow thinking and speech), decreased appetite, feelings of guilt, helplessness, or helplessness, difficulty concentrating, and the patient may attempt suicide. [3]

Considering the changes in mental processes in patients and their long-term treatment, psychological services are provided to develop the patient's personal motivation to ensure adherence to treatment. According to S.L. Rubinstein, motivation is a determination carried out through the psyche. Motivation in a broad sense is considered a complex multifaceted regulator of human activity (his behavior, activity) and includes needs, motives, interests, ideals, aspirations, attitudes, emotions, norms and values.[4]

From this point of view, it is necessary to establish psychological services in the field of phthisiology and use psychoprophylactic, psychocorrective or psychotherapeutic methods, depending on the severity or mildness of the patient's condition. The correct organization of relations with the attending doctor or nurse is also of great importance in the treatment of the patient, and it is necessary to use methods of teaching, explaining and persuading. Because there are cases when the patient does not believe in recovery, perceives the disease as serious and incurable.

According to neurophysiologists, an inert excitation appears in the cortex of the cerebral hemispheres. Only by “dissolving” this state can the patient be relieved of the symptoms of the disease. This type of neurosis has been known since ancient times, and the French scientist Pierre Janet called the thoughts that do not leave the

brain the term psychoasthenia [1]. Tuberculosis patients cannot overcome this condition on their own. Such conditions can be observed even after the patient has completed treatment. It causes the development of additional diseases through the fear of relapse and long-term treatment. Clinical manifestations of thoughts that do not leave the brain are manifested in the form of fears and phobias.

In addition to individual characteristics, social environment, and long-term treatment, tuberculosis patients also experience psychological problems due to the side effects of the drugs they take. Side effects of drugs include vomiting, nausea, depression, allergic reactions, hepatitis, sleep disorders, hearing loss, diarrhea, and dizziness. Sometimes, patients with severe central nervous system side effects—epileptic seizures, psychosis, and depression—need psychotherapeutic treatment and psychological support [5]. Because depression manifests itself in a variety of ways, including emotional, somatic, behavioral, and cognitive disorders. Symptoms characteristic of a tuberculosis patient include psycho-emotional disorders such as depressed mood, hopelessness about recovery, anxiety about the high risk of infecting loved ones, depression due to impaired work capacity, sleep disturbances, constant anxiety, anticipation of bad events, irritability, increased feelings of guilt, dissatisfaction with oneself and self-deprecation, and loss of interest.

Behavioral changes characteristic of tuberculosis patients are expressed in stubbornness and stubbornness, a desire for solitude, and avoidance of communication with others, while cognitive disorders are characterized by the inability to concentrate thoughts, confusion, memory loss, and difficulty making decisions. As a result of the organization of specialist assistance and psychological services in eliminating such changes characteristic of the patient, patients develop loyalty to treatment, strengthen self-confidence, correct the system of social relationships, and achieve the correct organization of relationships with themselves and their loved ones, and reduce the likelihood of the spread of the disease by eliminating aggressiveness.

In conclusion, we believe that the following results can be achieved by organizing a psychological service in the field of phthiology:

- Organizing psychological diagnostics of the patient's condition
- Assessing the patient's condition and psychological profile according to the patient's diagnosis
- Developing appropriate preventive measures based on the patient's level of anxiety and stress
- Organizing individual and group psychological assistance according to the method of working with the patient

- Assisting in the correct organization of relationships with the environment and loved ones
- Preventing the development of a sense of alienation in society and in the patient's personality, organizing psychocorrectional activities
- Providing psychological support in maintaining adherence to medication based on the principles of a healthy lifestyle among patients
- Developing an individual and group psychological practical program in the treatment of patients in the field of phthisiology.

References

1. З.Ибодуллаев “Тиббиёт психологияси” Тошкент 2008 йил.
2. Лакосина, Н.Д., Ушаков Г.К “Медицинская психология” Москва 1984 йил
- 3.Сухова Е.В. Ўпка сили беморларида психологик коррекция. // Сил ва ўпка касалликлари муаммолари. М. 2004 й. № 10.
4. Ф.Л.Ҳайдаров, Н.Л.Ҳалилова “Умумий психология” Тошкент 2010 йил.
5. Валиев Р. Ш. Ўпка сили беморларини шахсиятини ўзига хос томонлари ва касалликга бўлган муносабатларини ҳисобга олган ҳолда даволаш // Сил ва ўпка касалликларни актуал муаммолари– М. 1999. – № 2.