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PSYCHODIAGNOSTICS ATTITUDE OF THE PSYCHOSOMATIC PATIENTS' DISEASE

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Abstract

The emotional state disorders in patients with psychosomatic illnesses, their role in the severity of the disease and its negative consequences are given in this article. It is noted that various somatic diseases such as cardiovascular disease, diabetes mellitus, gastrointestinal diseases are often masked by emotional state disorders, and conversely, in these diseases, emotional sphere disorders hinder the complete recovery of the disease. These cases require the organization of psychological care in the clinic of psychosomatic diseases and the implementation of all psychoprophylactic and corrective measures.

Keywords: psychodiagnostics, psychocorrection, psychosomatic diseases, psychoprophylactic measures.

Introduction

Today, the tendency to separate somatic and mental illnesses that have previously formed in the health care system is being severely criticized by experts. Although doctors have long noticed that a single disease does not occur in the same way in different patients with the same anatomical substrate. As E. Bern points out, the patient as a person cannot be psychologically neutral in the development and course of the disease, because the patient begins to live in a different psychological space than in a healthy person, which inevitably leads to a difficult process such as reconsideration of the value system. without affecting its course and treatment. An ancient Greek proverb states, "Wounds heal faster in victors" [1,2,3,4,5,6].

According to N.R.Salimova, S.R.Abseitova, the need to study the contribution of psychological and somatic aspects and specific psychosomatic mechanisms in the patient's condition is observed in almost all areas of applied medicine [7,8,9]. This situation can be seen when the prevalence of infectious, noepidemic group diseases around the world is suddenly replaced by disturbances in the emotional sphere, especially depression. Depression, now known as the plague of the 21st century, is becoming an occupational disease of civilization, and by 2020, it will be the second most common disease in the world after cardiovascular disease, worrying experts around the world. It is recognized that the factor of human psychology has become a leading factor in the spread and course of diseases, increasing its role in the successful development of theoretical and applied medicine. A.M. Wayne states that "the same disease is different and unique in each person".

This necessitates the study of the patient's psychology, the timely recording of changes in his psyche, and the provision of qualified psychological assistance to him [10,11,12,13].

Recently, in clinical psychology, research has been conducted on the effect of the depressive state that develops in a patient on the course of the disease, the treatment process, and its effectiveness. R. Carney, one of the first scientists to study the effect of depression on the prognosis of patients with ischemic heart disease, found in 1987 that strongly developed depression was a leading factor in coronary death. Subsequent studies have found that the mortality rate in patients with chronic somatic disease with depression is 3–6 times higher than in patients without depression.

The analysis of foreign experience shows that the majority of patient care staff have the skills and competencies to help patients with depressive disorders, such care is provided by a general practitioner, and they are familiar with the methods of diagnosis and treatment of depressive disorders. In our country, in recent years, measures to improve the health care system provide for the acquisition of specialized psychological knowledge by each doctor and the ability to provide the patient not only medical, but also psychological care in due time [14,15,16].

Many authors agree that depression and chronic somatic diseases cannot be considered separately today, they are interrelated and affect each other.

Psychosomatic diseases, in which psychological factors play a leading role, include ischemic heart disease and myocardial infarction, arterial hypertension and gastric and duodenal ulcers, bronchial asthma and diabetes, as well as a number of other diseases. One of the important aspects in the psychosomatic direction is the desire to enter the patient's inner world, a comprehensive study of his emotional life, emphasizing the patient's personal role in medical examination, treatment and prevention of diseases [17,18].

Materials and Methods

Because patients ’emotional characteristics, depression, tolerance, and attitudes toward their illness have influenced the course of the disease and the effectiveness of the treatment process, we set ourselves the goal of analyzing research to investigate this issue.

The study included Luscher's color methodology, the patient's response to his illness (TOBOL), Spielberg-Hanin's anxiety detection method, Zunge's depression detection method, L.A. Rabinovich's "Four-Material Emotional Questionnaire," E.P. Ilin and E.K. Feshchenko's "Questionnaire for assessing one's own patience" and the socio-psychological questionnaire developed by the author used mathematical statistical methods (Spearman's criterion, Kruskal-Wallis criterion, Kolmogorov-Smirnov Z-criterion, Mann-Whitney U-criterion) in the statistical analysis of quantitative indicators.

Results and Discussion

According to Table 1, there is a positive correlation between the tolerance scale of the method of E.P.Ilin and E.K.Feshchenko "Questionnaire for the assessment of self-tolerance" and the scale of the ergopathic type of attitude to their disease ($r = 0.448$; $p < 0.01$). . Clearly, a person’s desire to be distracted from his or her illness, to think about work activities, and to solve problems in life, requires from him or her willpower qualities, including patience. However, a negative correlation between the melancholic, apathetic, and dysphoric types of attitudes toward the patient on the tolerance scale draws attention. That is, impatient, weak-willed patients experience feelings of insecurity and doubts about the effectiveness of treatment, ranging from depressive thoughts to suicidal thoughts, indifference to their fate, the consequences of the disease, the results of treatment, or, conversely, the predominance of sadness, anger. , as long as feelings of hatred towards healthy people are evident.

Analysis of the laws of the relationship between L.A. Rabinovich's "Four Modal Emotional Questionnaire" scales to determine the level of anxiety Spielberger-Hanin, Zunge's depression and the methods of E.P. Ilin and E.K. Feshchenko's "Self-Assessment Questionnaire" (Table 1).

Table 1

Indicators	Situational anxiety	Personal anxiety	Depression	Patience
Joy	0.131	0.117	0.002	0.358(*)
Anger	0.424(**)	0.231(*)	0.223(*)	0.033
Fear	0.211(*)	0.270(**)	0.108	-0.102
Sadness	0.240(**)	0.140	0.129	-0.336(*)

Statistical analysis showed that while the tolerance scale showed a positive correlation with joy indicators ($r = 0.358$; $p < 0.05$), a negative proportional relationship was observed with the sadness scale ($r = -0.336$; $p < 0.05$). It is known from life experience that often strong-willed, patient people achieve more success in life and, naturally, they are characterized by the predominance of positive emotions, happy mood. On the contrary, in people who are weak-willed, impatient, and intolerant of various misfortunes, moods such as sadness, depression, and resentment always prevail.

In general, the data in Table 1 suggest that situational anxiety is associated with feelings of anger ($r = 0.424$; $p < 0.01$), fear ($r = 0.211$; $p < 0.05$), and sadness ($r = 0.240$; $p < 0.01$). while personal anxiety mainly produces feelings of anger ($r = 0.231$; $p < 0.05$) and fear ($r = 0.270$; $p < 0.01$). Feelings of anger play an important role in the formation of depression ($r = 0.223$; $p < 0.05$). Consequently, while anger is the most important factor in the development of anxiety and depression, cases of fear and sadness are relatively less affected.

Spirman correlation was used to analyze the laws of the relationship between the method of determining the type of attitude to the disease and the scales of L.A. Rabinovich's "Four-modal emotional questionnaire" (Table 2).

Table 2

Indicators	Joy	Anger	Fear	Sadness
Harmonic	0.054	-0.088	-0.042	-0.088
Ergopathic	0.202(*)	-0.080	-0.056	-0.026
Anosognosic	0.086	-0.118	0.042	0.029
Worrying	0.014	0.235(*)	0.196(*)	0.015
Hypochondriac	-0.147	0.150	0.140	0.058
Neurasthenic	-0.130	0.189(*)	0.069	0.155
Melancholy	-0.233(*)	0.084	0.065	0.079
Apathetic	-0.206(*)	-0.046	-0.015	0.039
Sensitive	-0.015	0.041	0.051	-0.003
Egocentric	-0.056	0.274(**)	0.204(*)	0.167
Paranoid	-0.296(**)	0.036	0.160	0.104
Dysphoric	-0.285(**)	0.057	0.093	0.143

As can be seen from the table, the ergopathic type of response to their disease also increases with increasing joy scale in patients ($r = 0.202$; $p < 0.05$). In other words, patients in a happy mood try to get distracted from their illnesses and go to work, and strive to work selflessly, approaching their work activities with great responsibility.

However, there was a negative correlation between the melancholy, apathetic, paranoid, and dysphoric types of attitudes toward their

illness with the indicators of the joy scale. In other words, in patients with low levels of joy, there is a tendency to "cling" to the disease, insecurity and doubt about the effectiveness of treatment, indifference to their fate, the consequences of the disease, the outcome of treatment, perception of the disease as a complication of the disease. The tendency to blame someone, the feeling of resentment, the feeling of anger prevailing, and the feeling of hatred towards healthy people are clearly manifested.

As can be seen from Table 2, with increasing anger scales in patients, the rates of anxiety, neurasthenic, egocentric types of attitudes toward their illness are also increasing ($r = 0.202$; $p < 0.05$). This means that patients with a predominance of feelings of anger are constantly disturbed by the worsening of the disease, fear of complications, ineffective and even dangerous treatment, pain, discomfort, general deterioration of health, anger, resentment, resentment, showing others how much they suffer. features such as trying to attract attention are typical.

The fear scale, on the other hand, showed a positive correlation with anxious and egocentric types of attitudes toward their illness ($r = 0.202$; $p < 0.05$). In other words, the feeling of fear is also manifested in patients with constant anxiety about the course of the disease, fear of complications, ineffective and even dangerous treatment, showing how much they suffer, trying to attract the attention of others.

In conclusion, the patient's response to the disease as a whole structure also has a significant impact on the patient's emotional sphere. In turn, the relationship between changes in emotional health and the patient's own illness, as well as interpersonal relationships with others, revealed a level of trust. It has also been shown that the components of the disease response appear differently in men and women.

According to many scientists, humanity has paid special attention to colors in its centuries-old history. In different societies, colors have been interpreted in a unique way. The effect of colors on the human psyche has been of interest to scientists. There has been a lot of research on the psychology of colors, and many scientists and thinkers have given different definitions of colors in their time. According to the German thinker Goethe, colors affect the human heart. Each color can evoke emotions, evoke emotions and fantasies. Color can calm a person or excite, delight or upset.

Max Luscher was a scientist who devoted his entire life to the study of color psychology, he created a system of special methodologies that allow to determine the character traits of a person, to assess his emotional state, depending on the perception of colors. It is known to physiologists that a person chooses colors depending on his current state of mind and mood. That's why Max Luscher recommended conducting his eight-color test in two stages. The color test is not used for play or entertainment, it is a serious scientific-professional diagnostic method. Many scientists have specialized in the psychology of color. In particular, GG Vorobyov, VV Nalimov developed a psychodiagnostic method similar to the color test of M. Luscher. They showed the examiners 19 paintings by famous artists and asked them to sort them according to whether they liked them or not. In this way, they were able to determine the exact age of the people.

In our study, we found it necessary to conduct an eight-color test of Max Luscher, consisting of four primary and four auxiliary colors. Since this methodology has been used in practice by many experts, it can be considered a reliable methodology. The methodology is mainly carried out individually in the following order.

The examinee is given papers in 8 different colors according to the instructions of M. Luscher methodology. The test taker chooses the color he / she likes from them. The colors are then shuffled and the examinee now selects the one he likes from the remaining seven colors. Thus he is given a 10-minute break after he has selected all the colors, and the study is repeated once more.

As can be seen from the data in Figure 1, no patterns of correlation were found between the indicators expressing the level of personal anxiety and the results of the M. Luscher methodology.

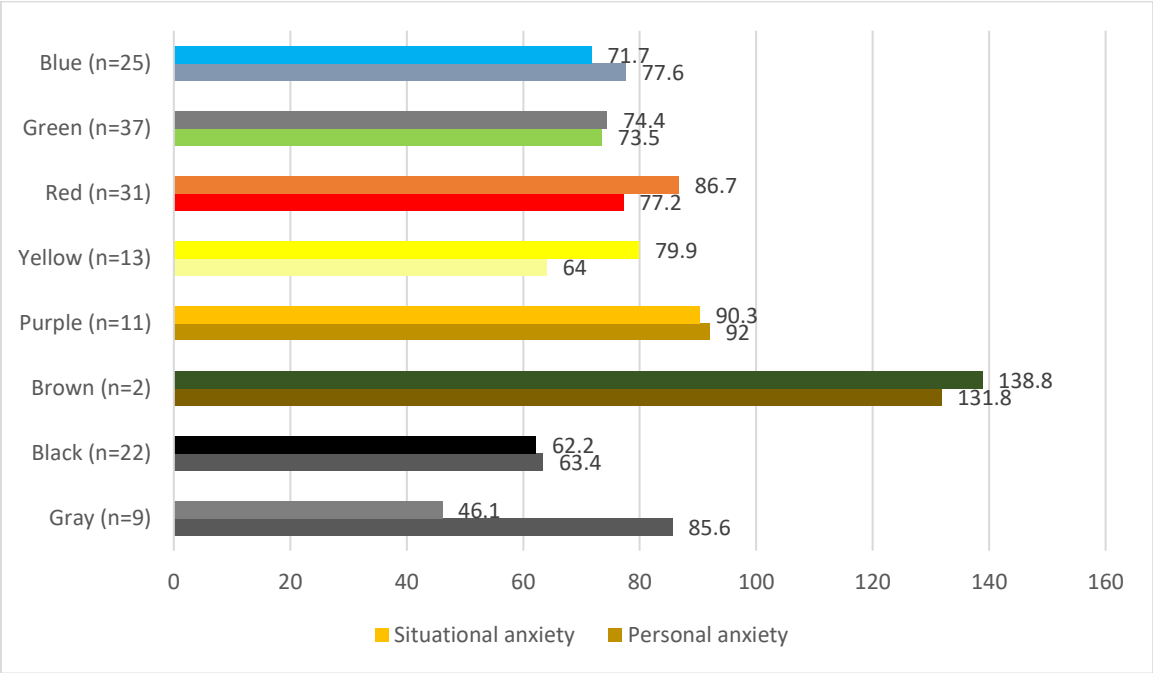

Figure 1 *To study the results obtained using the Spielberger-Hanin method of determining the level of anxiety and the relationship between the colors selected in the first place on the eight-color test of M. Luscher (N = 150)*

When analyzing the results of Zunge's depression depression questionnaire and the relationship between the colors selected in the first place on M. Luscher's eight-color test, statistical confidence differences were found (Figure 2).

According to the data in Figure 2, subjects who chose brown in the first place showed higher rates of depression (average color 139). Perhaps the strong need for pleasure, which is characteristic of people with a high degree of depression, may have led such people to choose brown in the first place.

It can be clearly seen from the graph in Figure 2 that the lowest levels of depression were specific to the subjects who chose gray and black in the first place (mean colors were 55.8 and 57.4, respectively). The neutrality and indifference inherent in gray, the aggression inherent in black, the anger, the mood of rebellion against others, towards one's own destiny, may be the cause of the lowest expression of passive depression in such people.

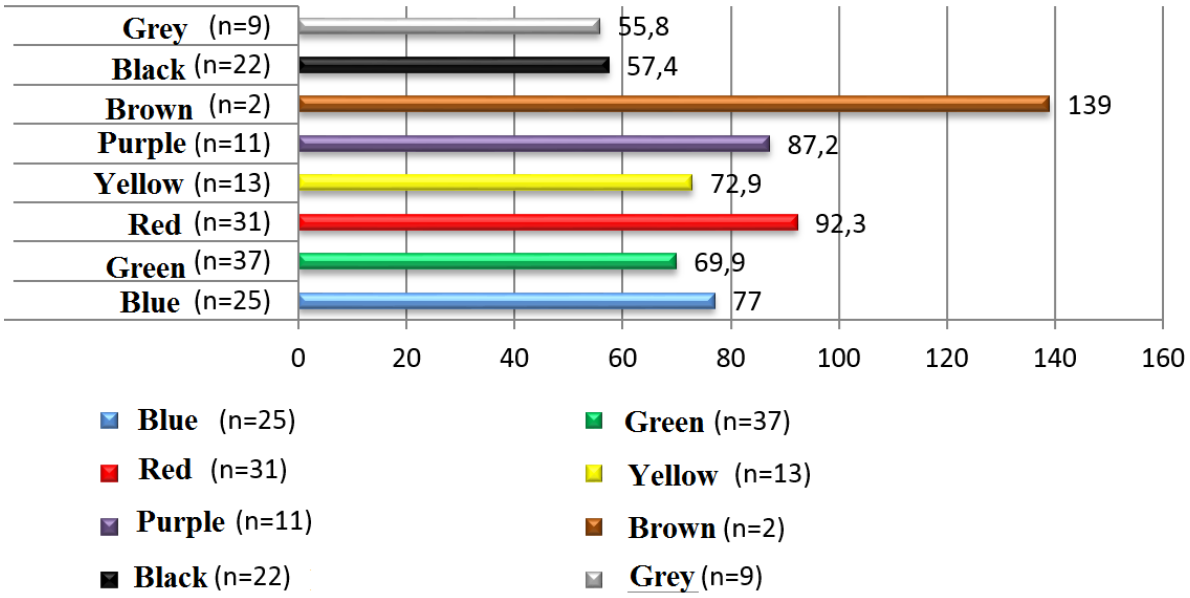

Figure 2. *The results obtained using Zunge's method of determining the degree of depression and the study of the relationship between the colors selected in the first place on the eight-color test of M. Luscher (N = 150)*

According to Figure 3, the results of the method of determining the type of response to the disease and the analysis of the relationship between the colors selected in the first place by the method of M. Luscher revealed only one scale, ie the difference in confidence level of the sensitive type of attitude to their disease ($H = 15.8$; $p < 0.05$).

The data presented in Figure 3 show that the subjects who chose brown had the highest level of sensitivity to their disease (average color 141.5), while the subjects who chose gray had the lowest levels of “sensitivity” (average color 55.1).

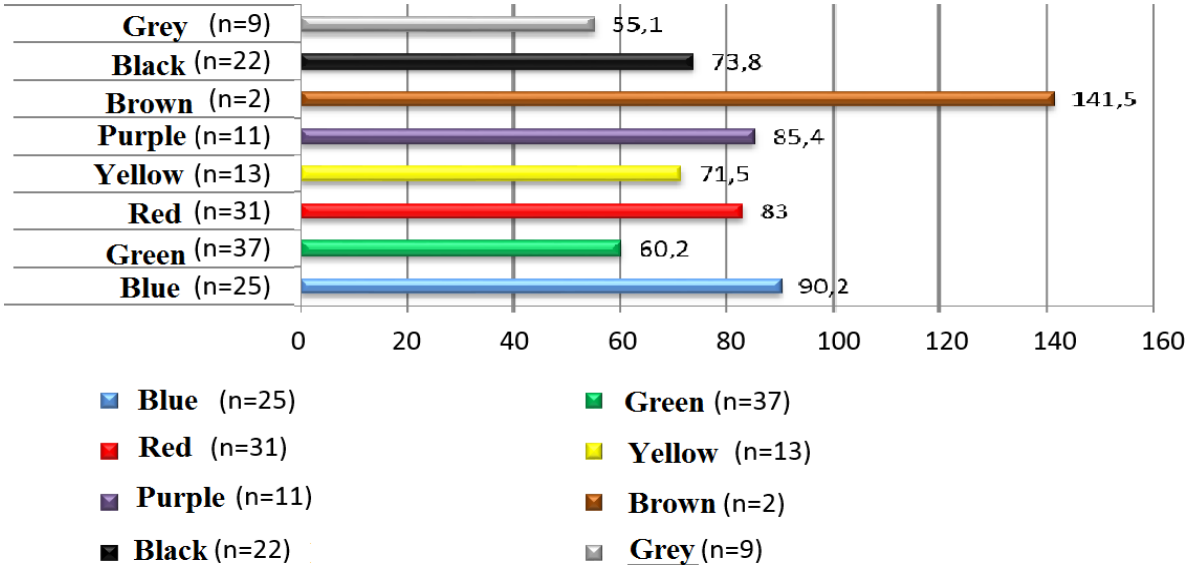

Figure 3. *Study of the relationship between the indicators of the "Sensitivity" scale of the method of determining the type of disease response and the colors selected in the first place on the eight-color test M. Lusher (N = 150)*

It is possible that the strong nervousness, tension and loneliness characteristic of patients with a highly sensitive type of attitude to their illness may have led them to choose brown in the first place, that is, the need for comfort, relaxation, peace. The qualities of neutrality, indifference, indifference, especially social passivity, which are characteristic of patients who choose gray, can lead to the formation in them of such an indifferent attitude to their own diseases.

Conclusion

1. Research has shown the need and urgency of establishing psychological services in the activities of the health system. The structure of the organization of psychological services in this area should include the basic and most effective tools of theory and practice at the intersection of medical and psychological sciences.

2. The gradual implementation of psychological services in health care organizations on the basis of a clear scheme and interrelated elements, ie the purpose of psychological services, criteria and principles of psychological care, description of the disease and the laws of the human psyche, psychophysiological and individual-psychological characteristics of patients , the internal appearance of the disease and the state of development of the person in the conditions of the disease, etc. should cover.

3. It is expedient to define the purposes and tasks of psychological help according to nosology of diseases, to develop and put into practice a system of psycho-diagnostic, psycho-correctional and psycho-prophylactic measures in accordance with each nosology.

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